



**AUTHORIZED AGENT DESIGNATED TO PERFORM NECESSARY DUTIES**

State Form 54190 (R / 10-11)

**INDIANA PUBLIC RETIREMENT SYSTEM**

1 North Capitol Avenue, Suite 001  
 Indianapolis, IN 46204-2014  
 Telephone: (888) 526-1687 (Toll-free)  
 Fax: (866) 591-9441 (Toll-free)  
 E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

**INSTRUCTIONS**

1. The Authorized Agent or Superintendent for the Public Employees' Retirement Fund (PERF), Teachers' Retirement Fund (TRF), 1977 Police and Firefighters Fund, Judges' Retirement Fund (JU), Prosecuting Attorneys' Retirement Fund (PARF), or State Excise Police, Gaming Agents and Conservation Enforcement Officers' Fund (C&E) must be named. This person is responsible for all matters concerning the Fund and is authorized to accept pension liability; this person may designate an individual to perform administrative duties on his or her behalf.
2. The Clerk-Treasurer for Third Class Cities or Towns must be named and is the Authorized Agent per IC 5-10.3-6-1.5.
3. This completed form may be faxed, mailed, or delivered to INPRS at the address shown on this form. Lobby hours are 8 a.m. to 5 p.m., EST, Monday through Friday except holidays and State-designated holidays.
4. Employers enrolled in multiple Funds:
  - If only one Authorized Agent or Superintendent for multiple Submission Units, complete one form.
  - If the Authorized Agent or Superintendent is different for each **Submission Unit**, complete a separate form for each individual Authorized Agent or Superintendent.

This form was formerly titled *Resolution Delegating an Agent to Perform Duties for Matters Concerning the Fund on Behalf of the Governing Body* (SF 54190).

**PERF, TRF, 1977 FUNDS, JUDGES' FUND, PARF, OR C&E FUND EMPLOYER INFORMATION**

Employer's name

**Town of America**

Choose Fund and enter Submission Unit Number (*Choose all that apply that have the same Authorized Agent or Superintendent*)

Fund	Submission Unit Number	Fund	Submission Unit Number
<input checked="" type="checkbox"/> PERF	<b>1234-000</b>	<input type="checkbox"/> TRF	
<input type="checkbox"/> 1977 Fund – Police		<input type="checkbox"/> Judges' Fund	
<input type="checkbox"/> 1977 Fund – Fire		<input type="checkbox"/> PARF	
		<input type="checkbox"/> C&E Fund	

E-mail address

**townofamerica.com**

Telephone number with area code

**(555) 555-5555**

Authorized agent's or Superintendent's name (*printed*)

**John Q. Smith**

Authorized agent's or Superintendent's title

**Clerk Treasurer**

Authorized agent's or Superintendent's signature

*John Q. Smith*

Date (*mm/dd/yyyy*)

**11/16/2011**

Head of governing body's name (*printed*)

**Susan Q. Smith**

Head of governing body's title

**Mayor or City Council President or Town Board President**

Head of governing body's signature

*Susan Q. Smith*

Date (*mm/dd/yyyy*)

**11/17/2011**

**THIRD CLASS CITIES AND TOWNS POLITICAL SUBDIVISION INFORMATION**

**For Third Class Cities and Towns** – *"The clerk-treasurer of a city or town is that city's or town's authorized agent for all matters concerning the fund."* - IC 5-10.3-6-1.5.

Political subdivision name

Submission Unit Number

Fund

E-mail address

Telephone number with area code

Authorized agent's name (*printed*)

Authorized agent's title

**Clerk-Treasurer**

Authorized agent's signature

Date (*mm/dd/yyyy*)

Entity identifying the political subdivision

Head of governing body's name (*printed*)

Head of governing body's title

Head of governing body's signature

Date (*mm/dd/yyyy*)