



Request to Purchase Additional Service Credit

State Form 52006 (12-04)
Approved by the State Board of Accounts, 2004

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3860
Toll Free: 1-888-286-3544
Homepage: www.in.gov/trf
e-mail: trf@state.in.gov

PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address and signature. We will mail you the information.

INSTRUCTIONS:

1. Please complete Part 1, then forward to employing school unit.
2. Please complete Part 2, then forward to the Indiana State Teachers' Retirement Fund.

Part 1: Applicant Information and Authorization to Release Information

| | | |
|---|-------------------------------------|-----|
| I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase additional service credit with the Fund. | | |
| Member name (first, middle, last) | | |
| TRF number (required) | Date of Birth (<i>mm/dd/yyyy</i>) | |
| Address (<i>number and street</i>) | | |
| City | State | ZIP |
| Home telephone | Other telephone | |
| E-mail address | | |
| Number of years I wish to purchase (<i>Please refer to the table in the instructions for the maximum amount</i>) | | |
| Signature | Date (<i>mm/dd/yyyy</i>) | |

Part 2: Current Employer Information

| | |
|---|----------------------------|
| This certifies that the above named individual is employed by us in a TRF covered position. | Title of position |
| Hire Date (<i>mm/dd/yyyy</i>) | Annual salary |
| Signature of authorized agent | Date (<i>mm/dd/yyyy</i>) |
| Printed name of authorized agent | Telephone number |
| Name of employer | School unit number |
| Note: Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc. | |