



Payment/Purchase Acknowledgement

Form 12 – Revised 5/2/2011

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Member Information

First Name: _____ MI: _____ Last Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Social Security No.: _____ E-Mail: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

2 Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSPRS)
 Supplemental Legislative Retirement Plan (SLRP) Municipal Retirement Systems (MRS) City: _____

3 Payback/Purchase Option – Select one.

Payback Refund of Withdrawn Contributions Purchase of Out-of-State Service Credit
 Adjustment for Non-Covered, Retroactive or Other Service for which Contributions Have Not Been Made Purchase of Professional Leave

4 Payment Information and Member Acknowledgment – Obtain your current cost schedule from PERS to determine the cost of service credit quarters to be purchased then, attach the schedule to this form when you submit the form to PERS.

Payment amount: \$ _____ Payment in full Partial Payment Service credit to purchase: _____ years _____ quarters

Select one payment option below.

Pay by Check, Cashier's Check, or Money Order – Make check payable to the applicable retirement plan selected in Section 2. Sign below to complete this form. Do not complete Sections 5 and 6. Mail payment with completed form to PERS. Do not tape or staple check to form. PERS does not allow two-party checks.

Member's Signature: _____ Date mm/dd/ccyy: _____

Rollover from an Eligible Retirement Plan or IRA – Sign below and have a trustee or custodian of your rollover fund complete Sections 5 and 6 of this form before mailing to PERS.

I acknowledge that, if the distribution from the rollover fund trustee/custodian named under Section 5 of this form is less than the cost of the service credit purchased, I must remit a personal check or cashier's check for the difference. I also understand that the transfer from the rollover fund trustee/custodian named under Section 5 of this form may not exceed the cost of the service credit to be purchased or reinstated. With that understanding, I hereby authorize the rollover fund trustee/custodian named under Section 5 of this form to transfer the payment amount listed under Section 4 of this form to the retirement plan indicated under Section 2 of this form.

Member's Signature: _____ Date mm/dd/ccyy: _____

5 Rollover Fund Trustee/Custodian Information – To be completed by trustee/custodian representative.

Name of Trustee/Custodian: _____ Tax ID: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
 Trustee/Custodian Representative's Name: _____ Representative's Title: _____

6 Certification of Rollover Fund Trustee/Custodian – To be completed by trustee/custodian representative.

I certify that on _____ (Date mm/dd/ccyy), _____ (account holder's name), _____ (account holder's SSN), received or will receive a taxable distribution from the eligible retirement plan or IRA named above in the amount of \$ _____ in tax-deferred contributions. I understand that PERS, a governmental defined benefit plan qualified under Section 401(a) of the Internal Revenue Code, will accept only tax-deferred contributions via direct rollover up to the amount reflected on the referenced cost schedule.

Select one account type: IRA 408(a) IRA Annuity 408(b) Qualified Plan 401(a)/401(k)
 Qualified Annuity 403(a) Tax Sheltered Annuity 403(b) Deferred Compensation Plan (457)

I am the trustee or custodian with respect to the eligible retirement plan or individual retirement account named above, and I certify that the above information is true and correct.

Trustee/Custodian Signature: _____ Date mm/dd/ccyy: _____