



Initial Portability Application
Request for Costs for Potential Transfer of Creditable Service

By signing below, I am requesting my prior Police Pension Fund provide and confirm the information listed below, per 50 IAC 4404.40, to determine the cost involved in a potential transfer. I understand that this is an initial application only, for the purpose of determining the costs that will be involved if I decide to pursue a transfer. I understand that I am giving consent to the performance of the calculation only and that I am not advising any party of commitment on my part to remit funds.

Member's Legal Name (include middle initial):
Street Address:
City: State: Zip:
Home Phone Number: Cell Phone Number:
Date of Birth: Email Address:

PRIOR POLICE PENSION FUND

Name of Prior Police Pension Fund:
Date of Hire (Entry): Last Day Worked:
Unpaid Breaks of Service, if applicable:
Contributions Paid to Prior Fund: \$
Contribution Refund: No Yes
If Yes, Amount of Refund: \$ Date of Refund:

By signing below, I certify that the information above is accurate to the best of my knowledge:

Member Signature: Date:

CURRENT POLICE PENSION FUND

Name of Current Police Pension Fund:
Date of Hire (Entry):
Current Annualized Pensionable Salary: \$
Next Pay Check Date: Frequency (bi-weekly, semi-monthly):
Pay Period Begin: to Pay Period End:

Name of Actuary for Current Pension Fund:

Completed By: Title: Date: