



**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: \_\_\_\_\_