



## REQUEST FOR ESTIMATE 1977 FUND BENEFITS

State Form 54975 (R3 / 7-22)

### INDIANA PUBLIC RETIREMENT SYSTEM 1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND

One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (844) GO-INPRS (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)

\* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

#### INSTRUCTIONS

1. Type or print using black ink
2. Complete all information. Your full name and last four digits of your Social Security number are required.
3. Return this completed, signed, and dated form by fax, mail, or deliver it to the INPRS lobby at the address on this form.
4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

#### MEMBER INFORMATION

Member's name (full name)		Pension ID (PID) number	
Social Security number (last 4 digits)*		Date of birth (mm/dd/yyyy)	
Address (number and street)		Telephone number with area code	Other telephone number with area code
City	State	ZIP Code	E-mail address
Marital status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married	Spouse's name (if applicable)		Spouse's date of birth (mm/dd/yyyy)

#### RETIREMENT DATES

Anticipated last day of work (mm/dd/yyyy) <i>This date will be used to calculate regular / early retirement benefits.</i>	Anticipated date to begin benefits (mm/dd/yyyy) <i>This date cannot be the same as your last day in pay status. It must be at least one day after your last day in pay status.</i>
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#### MEMBER ACKNOWLEDGEMENT

I authorize the release of my account information as is necessary for the Fund to process and complete my request for a benefit estimate.

Member's signature	Date (mm/dd/yyyy)
Printed name of member	

#### ADDITIONAL INFORMATION

- Please allow thirty (30) days for processing
- This is ONLY an estimate. Reduced benefits at age fifty (50) years / Full benefits at age fifty-two (52) years.
- To enroll in the retirement benefits, complete our online-only retirement application at [www.myinprsretirement.org](http://www.myinprsretirement.org).