



1977 POLICE OFFICERS' & FIREFIGHTERS' FUND REQUEST FOR BENEFITS ESTIMATE

State Form 54975 (R5 / 11-25)

**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, (844) 464-6777 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: 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. This is ONLY AN ESTIMATE for reduced benefits at age fifty (50) years or full benefits at age fifty-two (52) years.
2. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address on this form.
3. Type or print using black ink.
4. Complete all information. Your full name and last 4 digits of your Social Security number are required.
5. Return this completed, signed, and dated form by fax, mail, or deliver it to the INPRS lobby at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions or changes? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

MEMBER INFORMATION

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

SPOUSE INFORMATION

| | |
|------------------------------------|--|
| Spouse name <i>(if applicable)</i> | Spouse date of birth <i>(mm/dd/yyyy)</i> |
|------------------------------------|--|

RETIREMENT DATES

| | |
|--|--|
| Anticipated last day of work <i>(mm/dd/yyyy)</i> <i>This date is used to calculate regular / early retirement benefits.</i> ____ / ____ / ____ | Anticipated date to begin benefits <i>(mm/dd/yyyy)</i> <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> ____ / ____ / ____ |
|--|--|

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 signature | Date <i>(mm/dd/yyyy)</i> |
| Printed name of member | |

INFORMATION

- Allow thirty (30) days for processing.
- This is ONLY AN ESTIMATE for reduced benefits at age fifty (50) years or full benefits at age fifty-two (52) years.
- To enroll in the retirement benefits, complete our online-only retirement application at www.myinprsretirement.org.

**INSTRUCTIONS FOR
1977 POLICE OFFICERS' & FIREFIGHTERS' FUND REQUEST FOR BENEFITS ESTIMATE**

State Form 54975

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| Entry field | Field description |
|---|--|
| MEMBER INFORMATION | |
| Member name | Enter the complete member's name. |
| Pension ID (PID) number | Enter the member's Pension ID (PID) number. |
| Social Security number* | Enter the last 4 digits of the member's Social Security number.* |
| Date of birth | Enter the member's date of birth. Format = mm/dd/yyyy. |
| Marital status | Select one: Single or Married . |
| Address, City, State, ZIP Code | Enter the member's mailing address. |
| Telephone number/Other telephone number | Enter telephone numbers including area codes for the member. |
| E-mail address | Enter the member's e-mail address, if applicable. |
| SPOUSE INFORMATION | |
| Spouse name | Enter the complete spouse's name, if applicable. |
| Date of birth | Enter the spouse's date of birth. Format = mm/dd/yyyy. |
| RETIREMENT DATES | |
| Anticipated last day of work | This date is used to calculate regular or early retirement benefits. Format = mm/dd/yyyy. |
| Anticipated date to begin benefits | 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. Format = mm/dd/yyyy. |
| MEMBER ACKNOWLEDGEMENT | |
| Member signature | The member must sign and date this form. |
| Date | The member must sign and date this form. Format = mm/dd/yyyy. |
| Printed name of member | Enter the printed name of the member signing the form. |
| INFORMATION | |
| <ul style="list-style-type: none"> • Allow thirty (30) days for processing. • This is ONLY AN ESTIMATE for reduced benefits at age fifty (50) years or full benefits at age fifty-two (52) years. • To enroll in the retirement benefits, complete our online-only retirement application at www.myinprsretirement.org. | |

| HELPFUL INFORMATION | | | |
|----------------------------|--|---|--|
| | INPRS/1977 Fund | INTERNAL REVENUE SERVICE | INDIANA DEPARTMENT OF REVENUE |
| Telephone numbers | (844) GO-INPRS (Toll-free) | (800) 829-1040 (Toll-free) | (317) 233-2240 Indianapolis local |
| | (844) 464-6777 (Toll-free) | (800) 829-4477 TeleTax (Toll-free) | (317) 232-8729 Tax questions |
| | (866) 591-9441 Fax (Toll-free) | (800) 829-4059 TDD (hearing impaired) (Toll-free) | (317) 232-4952 TDD (hearing impaired) |
| | | | (317) 233-2329 Fax |
| Web site | www.inprs.in.gov | www.irs.gov | www.in.gov/dor |