



CHANGE OF ADDRESS

State Form 55177 (R3 / 1-17)

INDIANA PUBLIC RETIREMENT SYSTEM MY CHOICE RETIREMENT SAVINGS PLAN

P.O. Box 9001
Norfolk, Virginia 23501
Telephone: (888) 526-1687 (Toll-free)
Fax: 800-386-5127 (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. Remove any instruction pages prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink.
3. This completed form may be mailed to the appropriate fund address, or faxed to the number, above.
4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m. – 8 p.m. EST.

MEMBER INFORMATION

Member's name		Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number
Date of birth (<i>mm/dd/yyyy</i>)	Telephone number with area code	Other telephone number with area code	
E-mail address			

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Old Address (<i>number and street</i>)	City	State	ZIP Code
New Address (<i>number and street</i>)	City	State	ZIP Code
Member's signature			Date (<i>mm/dd/yyyy</i>)

**INSTRUCTIONS FOR
CHANGE OF ADDRESS**

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IMPORTANT

1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink.
3. This completed form may be mailed to the appropriate fund address on the form or faxed to the number on the form.
4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
MEMBER INFORMATION	
Member's name	Enter the member's complete name.
Social Security number	Enter the last 4 digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.
E-mail address	Enter the member's e-mail address, if applicable.
Telephone number/Other telephone number	Enter the member's telephone numbers including area codes.
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Old address, City, State, ZIP Code	Enter the member's old street or mailing address.
New address, City, State, ZIP Code	Enter the member's new street or mailing address.
Member's signature and date	The member must sign and date this section of the form; format = mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS/PERF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	Fax: 800-386-5127 (Toll-free)	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor