INPRS PUBLIC EMPLOYEES' RETIREMENT FUND

CHANGE OF BENEFICIARY

State Form 55178 (R / 6-13)

INDIANA PUBLIC RETIREMENT SYSTEM ANNUITY SAVINGS ACCOUNT ONLY PLAN

P. O. Box 7121
Indianapolis, IN 46207-7121
Telephone: (888) 526-1687 (Toll-free)
Fax: (800) 386-5127 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information.

INSTRUCTIONS

- 1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on the form.
- 2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
- 3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
- 4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday Friday, 8 a.m.- 8 p.m. EST.

GENERAL INFORMATION

If you do not want a lump sum payment of your death benefit to be paid to your estate, you must designate your beneficiaries. Be sure to designate each beneficiary as primary or contingent. This list supersedes any list of beneficiaries currently on file with INPRS for this member.

A Primary beneficiary will receive all benefits due upon the member's death. Multiple surviving Primary beneficiaries will receive shares of the benefits due upon the member's death based on the percentages indicated on this form. If no percentages have been supplied for the primary beneficiaries, the beneficiaries will receive equal shares of the benefits.

A Contingent beneficiary will receive all benefits upon the member's death only if all designated Primary beneficiaries predecease the member. Multiple Contingent beneficiaries will receive shares provided all designated Primary beneficiaries predecease the member based on the percentages indicated on this form. If no percentages have been supplied for the contingent beneficiaries and there are no surviving primary beneficiaries, the contingent beneficiaries will receive equal shares of the benefits.

The option to choose a beneficiary **must** be signed by a witness. The witness may be any person other than a beneficiary named on this form.

A beneficiary change on your PERF Annuity Savings Account (ASA) or an established PERF Rollover Savings Account (RSA) may be completed online using INPRS Online available to members on the INPRS Web site located at www.inprs.in.gov, or by contacting Customer Service, Toll-free at (888) 526-1687, Monday – Friday, 8 a.m. – 8 p.m. EST.

MEMBER INFORMATION							
Member's name			Socia	al Security number	(last 4 digits)*	Pension ID (PID) number	
Address (number and street)		Telephone number with area code		Other telephone number with area code			
City	State	ZIP Code	Э	E-mail address			
Date of birth (mm/dd/yyyy)							

ANNUITY SAVINGS ACCOUNT (ASA) BENEFICIARY CHANGE

Complete this section if you are making beneficiary designations for your ASA account with PERF. This designation applies to your Annuity Savings Account (ASA) only. No changes to any other account will be made using this form.

ASA Primary Beneficiary Designation

The Primary beneficiary designations listed in this section replace all ASA beneficiary information submitted previously. The percentage of benefit to be paid to each Primary beneficiary must be in increments of 1 percent or greater. The total of all Primary beneficiary percentages must equal 100 percent. If there are more than five ASA beneficiaries, please attach an additional page with the information.

	Primary beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID*	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

	ASA	Contingent Bei	neficiary Designati	on	
perce Contin	Contingent beneficiary designations listed ntage of benefit to be paid to each Contin ngent beneficiary percentages must equa onal page with the information.	gent beneficiary m	ust be in increments of	f 1 percent or greater. The total	al of all
addition	Contingent beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID*	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%
	ROLLOVER SA	VINGS ACCOUN	T (RSA) BENEFICI	ARY CHANGE	
	olete this section if you are making benefic	ciary designations for	or your RSA account		pplies to your
KSA	only. No changes to any other account wi		eficiary Designation		
perce benef	Primary beneficiary designations listed in to ntage of benefit to be paid to each Primariciary percentages must equal 100 percent formation. Primary beneficiary's name	y beneficiary must nt. If there are more	be in increments of 1 than five RSA benefit Social Security	percent or greater. The total of	f all Primary
	Filliary belieficiary's fiame	(mm/dd/yyyy)	number/Tax ID*	Relationship to member	Benefit
1.					%
2.					%
3.					%
4.					%
5.					%
perce Contin	Contingent beneficiary designations listed ntage of benefit to be paid to each Contingent beneficiary percentages must equational page with the information.	in this section repla gent beneficiary m	ust be in increments o	y information submitted previous of 1 percent or greater. The total	al of all
	Contingent beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID*	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%
	named member of PERF, attest that all cl		AFFIDAVIT ation provided on this	document are true to the best	of my
knowl Memb	euge. per's signature			Date (mm/dd/yyyy)	
Witness' signature Date (mm/dd/yyyy)					
				1	

Social Security number (last 4 digits)*

Pension ID (PID) number

Member's name

INSTRUCTIONS FOR CHANGE OF BENEFICIARY

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IMPORTANT

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Entry field	Field description			
MEMBER INFORMATION				
Member's name	Enter the complete name of the member.			
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 number.			
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.			
Address, City, State, ZIP code	Enter the street address and/or mailing address of the member.			
Telephone/Other telephone number	Enter telephone numbers including area codes for the member.			
E-mail address	Enter the member's e-mail address.			
ANNUITY	SAVINGS ACCOUNT (ASA) BENEFICIARY CHANGE			
Primary or Contingent beneficiary's name	In the appropriate section (Primary or Contingent), enter the beneficiary's name			
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.			
Social Security number/Tax ID	Enter the beneficiary's Social Security number or Tax ID in the case of an estate or			
Social Security Humber/Tax ID	trust.			
Relationship to member	Enter the beneficiary's relationship to the member.			
	Enter the percent of benefit for the named beneficiary. The percent of benefit must be			
	a whole number and the total percent of benefit of all Primary or Contingent			
Percent of benefit	beneficiaries must equal 100 percent for either Primary or Contingent beneficiaries.			
	See the ASA Primary Beneficiary Designation and the ASA Contingent Beneficiary			
	Designation sections of the form for more details.			
	SAVINGS ACCOUNT (RSA) BENEFICIARY CHANGE			
Primary or Contingent beneficiary's name	In the appropriate section (Primary or Contingent), enter the beneficiary's name			
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.			
Social Security number/Tax ID	Enter the beneficiary's Social Security number or Tax ID in the case of an estate or			
•	trust.			
Relationship to member	Enter the beneficiary's relationship to the member.			
	Enter the percent of benefit for the named beneficiary. The percent of benefit must be			
	a whole number and the total percent of benefit of all Primary or Contingent			
Percent of benefit	beneficiaries must equal 100 percent for either Primary or Contingent beneficiaries.			
	See the RSA Primary Beneficiary Designation and the RSA Contingent Beneficiary			
	Designation sections of the form for more details.			
	MEMBER AFFIDAVIT			
	attests that all changes and information provided on this document are true to the best of			
his/her knowledge.	The course of the course of the form of th			
Member's signature and date	The member must sign and date this section of the form; format = mm/dd/yyyy.			
Witness' signature and date	The member's signature must be witnessed by someone other than a named			
3	beneficiary; format = mm/dd/yyyy.			

HELPFUL INFORMATION							
	INPRS / PERF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE				
	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local				
Telephone	(800) 386-5127 Fax (Toll-free)	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions				
numbers		(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				