



**DISCLAIMER**  
State Form 55221 (R5 / 10-25)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
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](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

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

**GENERAL INFORMATION**

1. Remove any instruction pages included with this form prior to returning the completed, signed, dated, and notarized form to the Indiana Public Retirement System (INPRS) at the address on this form.
2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID (PID) number at the top of each page as requested.
3. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call Customer Service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

**MEMBER FUND** (Choose one)

- ☐ Public Employees' Retirement Fund  
☐ Teachers' Retirement Fund  
☐ Other trust fund administered by the Indiana Public Retirement System (INPRS):

\_\_\_\_\_  
*Name of pension fund*

**MEMBER INFORMATION**

Member name		Social Security number (last 4 digits)*		Pension ID (PID) number	
Address (number and street)		Telephone number with area code (if the member is the disclaimant)			
City	State	ZIP Code	E-mail address (if the member is the disclaimant)		

**DISCLAIMANT INFORMATION**

Disclaimant name			Date (mm/dd/yyyy)		
Address (number and street)			Telephone number with area code		
City	State	ZIP Code	E-mail address		

**DISCLAIMANT AFFIDAVIT**

Disclaiming an interest in property is governed by the Uniform Disclaimer of Property Act (Act): [IC 32-17.5 et seq.](#) Pursuant to [IC 32-17.5-3-6](#) a Disclaimer made under the Act is not a transfer, an assignment, or a release.

I \_\_\_\_\_ am a person entitled as a distributee or beneficiary of assets held by the (select the appropriate trust fund). (Check one.)

- ☐ Public Employees' Retirement Fund (PERF);  
☐ Teachers' Retirement Fund (TRF); or  
☐ Other trust fund administered by the Indiana Public Retirement System (INPRS):

\_\_\_\_\_  
*Name of pension fund*

A partial disclaimer may be expressed as: (1) a fraction; (2) a percentage; or (3) a monetary amount.

Such benefits are (describe the benefit and include the value if known):

\_\_\_\_\_

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Member name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
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**DISCLAIMANT AFFIDAVIT (Continued)**

I hereby disclaim \_\_\_\_\_ *(amount or percentage)* of my interest in such assets or benefits. I understand that the disclaimed interest passes as if I (the disclaimant) had died immediately before the time of distribution. Further, I understand that there may be other Disclaimer alternatives available to me under the Act and **this Disclaimer is irrevocable once delivered to INPRS**, and I have had ample time to review this Disclaimer and seek advice of legal counsel before signing this Disclaimer.

Disclaimant signature	Date <i>(mm/dd/yyyy)</i>
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**NOTARY PUBLIC CERTIFICATION**

State of \_\_\_\_\_

SS:

SEAL

County of \_\_\_\_\_

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_, personally  
Officer's county of residence Officer's state of residence

appeared \_\_\_\_\_ and the affiant, being first duly sworn by me upon the affiant's oath, say that the  
Name of person

facts alleged in the foregoing instrument are true.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

My commission expires: \_\_\_\_\_  
Date *(mm/dd/yyyy)*

\_\_\_\_\_  
Name of officer *(printed or typed)*

[IC 32-17.5 et seq.](#)

# INSTRUCTIONS FOR DISCLAIMER

State Form 55221

## IMPORTANT

1. Remove any instruction pages included with this form prior to returning the completed, signed, dated, and notarized form to the Indiana Public Retirement System (INPRS) at the address on this form.
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3. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call Customer Service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

Entry field	Field description
<b>MEMBER FUND</b>	
Choose the member's fund.	
<b>MEMBER INFORMATION</b>	
This section must be completed whether or not the member is the disclaimant.	
Member name	Enter the member's complete name.
Social Security number*	Enter the last four digits of the member's Social Security number.*
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number	Enter the member's telephone number including area code. <i>If the member is the disclaimant.</i>
E-mail address	Enter the member's e-mail address. <i>If the member is the disclaimant.</i>
<b>DISCLAIMANT INFORMATION</b>	
This section must be completed by the disclaimant even if the information is repetitious of the information provided in the MEMBER INFORMATION section.	
Disclaimant name	Enter the disclaimant's complete name.
Date	Enter the date that the form is completed; format = mm/dd/yyyy
Address, City, State, ZIP Code	Enter the disclaimant's mailing address.
Telephone number	Enter the disclaimant's telephone number including area code.
E-mail address	Enter the disclaimant's e-mail address.
<b>DISCLAIMANT AFFIDAVIT</b>	
This section must be completed, signed, and dated by the disclaimant. The form cannot be processed unless this section is completed.	
Name of disclaimant	Enter the complete name of the disclaimant.
Select the appropriate trust fund	Check one from the provided list.
Name of pension fund	If the <b>Another trust fund</b> option is chosen, enter the name of the pension fund.
Describe the benefit and include the value if known	Enter a description and value for the benefit being addressed in this form.
Amount or percentage	Enter the appropriate amount of the benefit being addressed in this form.
Disclaimant signature and Date	The disclaimant must sign and date this section of the form; format = mm/dd/yyyy.
<b>NOTARY PUBLIC CERTIFICATION</b>	
This form must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm that you are the named person on the form. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.	

HELPFUL INFORMATION			
	INPRS	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	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>