APPLICATION FOR REFUND State Form 52854 (1-14) Approved by State Board of Accounts, 2014 INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

Finance Department 100 North Senate Avenue Room N440 Indianapolis, IN 46204 888-692-6841

* This agency is requesting disclosure of the decedent's Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

This form applies only to Survivors or Distributees of Class members of the class action suit (Raab v. Waddell and Indiana Bureau of Motor Vehicles, in Marion County Superior Court, Civil Division, Room No. 12, Cause No. 49D12-1303-PL-008769). Survivors or Distributees may obtain the Decendent's refund in the form of a check mailed by the BMV by completing the following information. The completed form must be received by the BMV prior to December 15, 2016.

- INSTRUCTIONS 1. Complete in blue or black ink or print form.
 - 2. Print the mailing address you wish the refund check to be mailed to.
 - 3. Select the reason you are applying for the refund and mail in the required proof with this application. If you are signing on behalf of the Survivor or Distributee, you must provide a photocopy of the document that authorizes you to do so (I.E., POA, Executor)
 - 4. Mail this application and all required additional documentation to the address listed at the top of this form.
 - 5. Applicable refund check will be mailed payable to the Applicant at the address indicated below.

SECTION 1: DECEDENT INFORMATION		
Decedent's Name (as printed on Indiana driver's license or identification card)		
DDIVED'S LICENSE MUMDED or SOCIAL SECUDITY MUMDED. (O		
DRIVER'S LICENSE NUMBER or SOCIAL SECURITY NUMBER: (Please enter in spaces below.) Please indicate if the following is the Decedent's:		
or _		
Indiana Driver's license or Identification card number Social Security Number*		
(Please enter in spaces below.)		
SECTION 2: APPLICANT INFORMATION		
Please check which of the following applies:		
Survivor Applicant affirms that: 1. No petition for the appointment of a personal representative for the estate of the decedent is pending or has been granted. 2. Forty-five (45) days have elapsed since the death of the decendent.		
Distributee Applicant affirms that: 1. Decedent left no widow or widower surving him or her. 2. No petition for the appointment of a personal representative for the estate of the decedent is pending or has been granted. 3. Forty-five (45) days have elapsed since the death of the decendent.		
Mailing Address (street number and name)		
City	State	ZIP Code
Contact Telephone Number [
SECTION 3: APPLICANT AFFIRMATION		
I swear or affirm under penalty of perjury that I am requesting a refund for the decedent above; that a refund has not been previously issued for this individual; and that all information contained in this form is correct. I confirm that the above mailing address is correct and that this is the address I request the BMV mail the refund check to payable in my name.		
Signature of Applicant	Date Signed (mm/dd/yyyyy)	
Printed Name of Applicant Relationship to Applicant(s) (if other than Applicant) (Example: agent, POA, executor of estate, etc.)		
SECTION 4: NOTARY		
Subscribed and sworn before me, a Notary Public, thisday of		
Signature of Notary Public	My Commission Expires (mm/dd/yyyy):	
Printed Name of Notary Public	Resident of (County/State)	