



## APPLICATION FOR BENEFICIARY DESIGNATION FOR ACTIVE MEMBER

State Form 56255 (R / 2-18)

**INDIANA PUBLIC RETIREMENT SYSTEM  
1977 and 1985 JUDGES'  
RETIREMENT SYSTEMS**  
One North Capitol, Suite 001  
Indianapolis, IN 46204  
Telephone: (844) GO-INPRS (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)

\* 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 the instruction pages included with this application prior to returning the completed application to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. Include an English translation of all foreign documents.
4. This application must be signed and dated by the member, including any additional beneficiary designation pages.
5. This application must be witnessed by someone who is not a beneficiary.
6. 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.
7. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday – Friday, 8 a.m.- 8 p.m. EST.

### INFORMATION

Eligible beneficiaries are limited to: the member's spouse; children under age 18; disabled adult children; or dependent parents. If no eligible beneficiaries survive the member, the member's contributions to the retirement plan plus accrued interest may be payable to the executor or administrator of the member's estate.

Related Indiana Codes: IC 33-38-8 sections 17, 18 and 19; IC 33-38-7 sections 14 and 15.

### MEMBER INFORMATION

Member's name		Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
Address <i>(number and street)</i>	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

### PRIMARY BENEFICIARY DESIGNATION

Beneficiary's name		Social Security number*	Date of birth <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>		Telephone number with area code	
City	State	ZIP Code	Relationship to member

Beneficiary's name		Social Security number*	Date of birth <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>		Telephone number with area code	
City	State	ZIP Code	Relationship to member

Beneficiary's name		Social Security number*	Date of birth <i>(mm/dd/yyyy)</i>
Address <i>(number and street)</i>		Telephone number with area code	
City	State	ZIP Code	Relationship to member

Check here if there are more than three (3) Primary Beneficiary Designations. Copy this page and include it with your submission.

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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CONTINGENT BENEFICIARY DESIGNATION			
Beneficiary's name		Social Security number*	Date of birth (mm/dd/yyyy)
Address (number and street)		Telephone number with area code	
City	State	ZIP Code	Relationship to member

Beneficiary's name		Social Security number*	Date of birth (mm/dd/yyyy)
Address (number and street)		Telephone number with area code	
City	State	ZIP Code	Relationship to member

Beneficiary's name		Social Security number*	Date of birth (mm/dd/yyyy)
Address (number and street)		Telephone number with area code	
City	State	ZIP Code	Relationship to member

<input type="checkbox"/> Check here if there are more than three (3) Contingent Beneficiary Designations. Copy this page and include it with your submission.
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MEMBER AFFIDAVIT		
<p>In accordance with the provisions of Indiana Code 33-38-8 sections 17, 18 and 19; or Indiana Code 33-38-7 sections 14 and 15; I designate my beneficiary or beneficiaries as shown on this application. If none of my eligible primary or contingent beneficiaries survive me, I understand that my member contributions plus interest may be payable to my estate.</p> <p>I reserve the right to change my primary or contingent beneficiaries at any time prior to my retirement, disability retirement, or death by filing a <i>Change of Beneficiary Form</i> with the Board of Trustees of the Fund. Such a change must be received and accepted by the Fund for it to become effective.</p>		
Member's signature		Date (mm/dd/yyyy)
Witness' signature	Printed witness' name	Date (mm/dd/yyyy)

**INSTRUCTIONS FOR  
APPLICATION FOR DESIGNATION OF BENEFICIARY FOR ACTIVE MEMBER**

State Form 56255

**IMPORTANT**

1. Remove the instruction pages included with this application prior to returning the completed application to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. Include an English translation of all foreign documents.
4. This application must be signed and dated by the member, including any additional beneficiary designation pages.
5. This application must be witnessed by someone who is not a beneficiary.
6. 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.
7. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the complete name of the member.
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 street or 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.
<b>PRIMARY BENEFICIARY DESIGNATION</b>	
Beneficiary's name	Enter the beneficiary's name: first, middle, and last names.
Social Security number	Enter the beneficiary's full Social Security number.
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the beneficiary's street or mailing address
Telephone number	Enter the telephone number including area code for the beneficiary.
Relationship to member	Enter the relationship the beneficiary has to the member
Check here if more than three	Check the checkbox if additional pages of Primary Beneficiaries are included.
Member's signature	The member must sign and date this section of the application.
Date	The member must include the date the application was signed; format = mm/dd/yyyy.
<b>CONTINGENT BENEFICIARY DESIGNATION</b>	
Beneficiary's name	Enter the beneficiary's name: first, middle, and last names.
Social Security number	Enter the beneficiary's full Social Security number.
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the beneficiary's street or mailing address
Telephone number	Enter the telephone number including area code for the beneficiary.
Relationship to member	Enter the relationship the beneficiary has to the member
Check here if more than three	Check the checkbox if additional pages of Contingent Beneficiaries are included.
Member's signature	The member must sign and date this section of the application.
Date	The member must include the date the application was signed; format = mm/dd/yyyy.
<b>MEMBER AFFIDAVIT</b>	
Member's signature	The member must sign and date this section of the application.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
Witness' signature	The witness must sign and date this section of the application. The witness must be someone other than a named beneficiary.
Printed witness' name	Enter the witness' name, printed.
Date	The witness must include the date the application was signed; format = mm/dd/yyyy.

<b>HELPFUL INFORMATION</b>			
	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax 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
<b>Web site</b>	<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>