



**PROSECUTING ATTORNEYS' RETIREMENT
FUND (PARF) APPLICATION FOR
BENEFICIARY DESIGNATION FOR ACTIVE
MEMBER**

State Form 56256 (R5 / 2-25)

**INDIANA PUBLIC RETIREMENT SYSTEM
PROSECUTING ATTORNEYS' RETIREMENT FUND**

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
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 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 the 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, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on the form. 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, (844) 464-6777, Monday through Friday.

INFORMATION

Eligible beneficiaries are limited to the member's spouse or dependent children (under age 18 or disabled). 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 33-39-7-19](#), [IC 33-39-7-20](#), [IC 33-39-7-21](#).

MEMBER INFORMATION

Member 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 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 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 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.

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Member name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
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CONTINGENT BENEFICIARY DESIGNATION

Beneficiary 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 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 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) Contingent Beneficiary Designations. Copy this page and include it with your submission.

MEMBER AFFIDAVIT

In accordance with the provisions of Indiana Code [IC 33-39-7-19](#), [IC 33-39-7-20](#), [IC 33-39-7-21](#), 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.

I reserve the right to change my primary or contingent beneficiaries at any time prior to my retirement, disability retirement, or death by filing an updated version of this form with the INPRS Board. Such a change must be received and accepted by INPRS for it to become effective.

Member signature		Date <i>(mm/dd/yyyy)</i>
Witness signature	Printed witness name	Date <i>(mm/dd/yyyy)</i>

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ACTIVE MEMBER**

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IMPORTANT

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2. Type or print using black ink. Complete all the information and place the Member's name and Social Security number at the top of each page as requested.
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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, signed, and dated 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.
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Entry field	Field description
MEMBER INFORMATION	
Member 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 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.
PRIMARY BENEFICIARY DESIGNATION	
Beneficiary name	Enter the beneficiary's name: first, middle, and last names.
Social Security number*	Enter the beneficiary's complete 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 mailing address.
Telephone number	Enter 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
CONTINGENT BENEFICIARY DESIGNATION	
Beneficiary's name	Enter the beneficiary's name: first, middle, and last names.
Social Security number*	Enter the beneficiary's complete 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 mailing address.
Telephone number	Enter 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 AFFIDAVIT	
Member 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
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

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