



AUTHORIZATION FOR DEDUCTION OF A PLEDGE OR CONTRIBUTION FOR A CHARITABLE OR NON-PROFIT ORGANIZATION

State Form 56377 (8-17)

Approved by State Board of Accounts, 2017

INDIANA PUBLIC RETIREMENT SYSTEM
State Excise Police, Gaming Agent, Gaming Control
Officer, and Conservation Officers' Retirement Plan
One North Capitol, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (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 form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
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.

ABOUT THE AUTHORIZATION FOR CHARITABLE CONTRIBUTION DEDUCTION

Waiver of Claims

By signing this form, I agree that I will not make any legal claim of any kind against INPRS, its staff and advisors should my participation in this program result in unexpected tax liability to me, including interest and penalties. I understand that my ability to participate in this program is a valuable benefit for which I am willing to agree to this waiver of all claims. I further release INPRS, its staff and advisors from any liability arising from the administration of payments to any charitable or non-profit organization.

Charitable Contribution Deduction Information

- You must submit a separate copy of this form for each charitable contribution you are designating for direct payment by INPRS.
- The contributions will be paid directly to the charitable organization designated on this form and the payment will be deducted from your monthly benefit.
- Charitable contribution pension deductions will begin the first month after INPRS receives a completed and signed form.
- Incomplete and unsigned forms will not be processed and you will be notified that you must resubmit the form.
- To change or stop charitable contribution deductions, a new form must be submitted to INPRS.
- Forms submitted to INPRS prior to the 22nd of the month will take effect on the following monthly pension payment.
- Authorization: Indiana Code 5-10-5.5-23

RETIRED MEMBER INFORMATION

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

RETIRED MEMBER REQUESTED ACTION

(*Select one*) ☐ New designation ☐ Change to previous designation ☐ Stop previously designated payments

CHARITABLE OR NON-PROFIT ORGANIZATION INFORMATION

Name of the Charitable or Non-Profit Organization				
Mailing address of organization (<i>number and street</i>)		Telephone number with area code		Other telephone number with area code
City	State	ZIP Code	E-mail address	
Name of authorized agent for the charitable or non-profit organization (<i>printed</i>)				Amount of the pledge or contribution to be deducted monthly \$
Authorized agent's signature				Date (<i>mm/dd/yyyy</i>)

Retired member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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RETIRED MEMBER ACKNOWLEDGEMENT	
<p>1. I hereby authorize INPRS to deduct the amount of the pledge or contribution to a charitable or non-profit organization set forth above directly from my monthly State Excise Police, Gaming Agent, Gaming Control Officer, and Conservation Enforcement Officers' Retirement Plan pension benefit. I understand that this will result in a decrease in my monthly benefit payment.</p> <p>2. I understand it is my responsibility, as the participant, to inform INPRS of any change related to my pledge or contribution to a charitable or non-profit organization. I freely accept this obligation to notify INPRS.</p> <p>3. I understand that INPRS is not responsible for any issues that may arise between my charitable or non-profit organization and me regarding this election.</p> <p>4. I take full responsibility for the accuracy and truth of all information I have provided.</p> <p>5. I understand that INPRS is complying with state law by withholding my pledge or contribution to a charitable or non-profit organization from my pension benefits. In doing so, INPRS is only performing an administrative function and is only responsible for payment of my pledge or contribution to a charitable or non-profit organization.</p>	
I have read and I understand the information in this form and its instructions and agree to all the conditions for this election, including the Waiver of Claims (on page 1).	
Retired member's signature	Date (mm/dd/yyyy)

**INSTRUCTIONS FOR
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FOR A CHARITABLE OR NON-PROFIT ORGANIZATION**

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Retired member's name	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number
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Entry field	Field description
RETIRED MEMBER INFORMATION	
Retired member's name	Enter the complete name of the retired member.
Social Security number	Enter the last 4 digits of the retired member's Social Security number.
Pension ID (PID) number	Enter the retired member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the retired member's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the retired member.
E-mail address	Enter the retired member's e-mail address, if applicable.
RETIRED MEMBER REQUESTED ACTION	
Select one	<ul style="list-style-type: none"> • New designation – begin monthly pension deduction of pledge or contribution to a charitable or non-profit organization • Change to previous designation – change the amount to be deducted from your monthly pension for pledge or contribution to a charitable or non-profit organization • Stop previously designated payments – this action ends deductions of pledge or contribution to a charitable or non-profit organization
CHARITABLE OR NON-PROFIT ORGANIZATION INFORMATION	
Name of the Charitable or Non-Profit Organization	Enter the complete name of the charitable or non-profit organization.
Address, City, State, ZIP Code	Enter the charitable or non-profit organization's mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the organization.
E-mail address	Enter the organization's e-mail address, if applicable.
Name of authorized agent	Enter the complete name of the authorized agent of the organization.
Authorized agent's signature	The authorized agent of the organization must sign and date this form.
Date	The authorized agent must include the date the form was signed; format = mm/dd/yyyy.
RETIRED MEMBER ACKNOWLEDGEMENT	
Retired member's signature	The retired member must sign and date this section of the form.
Date	The retired member must include the date the form was signed; format = mm/dd/yyyy.