



**1977 POLICE OFFICERS' &
FIREFIGHTERS' FUND AUTHORIZATION
FOR DEDUCTION OF DUES FOR A
LABOR ORGANIZATION**
State Form 56414 (R5 / 2-26)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY 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 form prior to returning the completed form 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, Social Security number, and Pension ID number at the top of each page as requested.
3. This completed, signed, and dated form may be mailed, faxed, 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.

ABOUT THE AUTHORIZATION FOR LABOR ORGANIZATION DUES 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 labor organization.

Labor Organization Deduction Information

- You may submit this form for only one labor organization for direct payment by INPRS.
- You must be a member of the labor organization named on this form.
- The labor organization dues will be paid directly to the organization designated on this form and the payment will be deducted from your monthly benefit.
- Retirement benefit deductions for labor union dues 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 deductions for labor organization dues, 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 deduction.

Authorization: [IC 36-8-8-17.2](http://www.inprs.in.gov/IC36-8-8-17.2)

RETIRED MEMBER INFORMATION

| | | | |
|--|-------|--|---------------------------------------|
| Retired member 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

LABOR ORGANIZATION INFORMATION

| | | | |
|--|-------|---------------------------------|---|
| Name of the Labor 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 labor organization (<i>printed</i>) | | | Amount of dues to be deducted monthly \$ |
| Authorized agent signature | | | Date (<i>mm/dd/yyyy</i>) |

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| | | |
|---------------------|--|-------------------------|
| Retired member name | Social Security number <i>(last 4 digits)*</i> | Pension ID (PID) number |
|---------------------|--|-------------------------|

RETIRED MEMBER ACKNOWLEDGEMENT

1. I hereby authorize INPRS to deduct the amount of the dues for a labor organization set forth above directly from my monthly 1977 Police Officers' and Firefighters' Pension and Disability Fund benefit. I understand that this will result in a decrease in my monthly benefit payment.
2. I understand it is my responsibility, as the participant, to inform INPRS of any change related to my labor organization dues. I freely accept this obligation to notify INPRS.
3. I understand that INPRS is not responsible for any issues that may arise between my labor organization and me regarding this election.
4. I take full responsibility for the accuracy and truth of all information I have provided.
5. I understand that INPRS is complying with state law by withholding my dues for a labor organization from my retirement benefits. In doing so, INPRS is only performing an administrative function and is only responsible for payment of my dues to the labor organization.

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 signature | Date <i>(mm/dd/yyyy)</i> |
|--------------------------|--------------------------|

INSTRUCTIONS FOR

1977 POLICE OFFICERS' & FIREFIGHTERS FUND AUTHORIZATION FOR DEDUCTION OF DUES FOR A LABOR ORGANIZATION

State Form 56414

IMPORTANT

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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, signed, and dated form may be mailed, faxed, 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 |
|---|---|
| ABOUT THE AUTHORIZATION FOR LABOR ORGANIZATION DUES DEDUCTION | |
| Read this section before completing this form. | |
| RETIRED MEMBER INFORMATION | |
| Retired member 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. |
| Mailing address | Enter the retired member's address, City, State, ZIP Code. |
| 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 dues for a labor organization • Change to previous designation – change the amount to be deducted from your monthly pension for dues for a labor organization • Stop previously designated payments – this action ends deductions of dues for a labor organization |
| LABOR ORGANIZATION INFORMATION | |
| Name of the Labor Organization | Enter the complete name of the labor organization. |
| Mailing address of organization | Enter the labor organization's address, City, State, ZIP Code 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 for the labor organization | Enter the complete name of the authorized agent of the organization. |
| Amount of dues to be deducted monthly | Enter the monthly dues amount to be deducted from the monthly pension benefit. |
| Authorized agent 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 | |
| Read the 5 statements. 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 | 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. |

| HELPFUL INFORMATION | | | |
|----------------------------|--|--|--|
| | INPRS/1977 FUND | 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 | www.inprs.in.gov | www.irs.gov | www.in.gov/dor |