



# CHANGE OF PENSION RELIEF DISTRIBUTION BANK INFORMATION

State Form 53010 (11-21)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
**ATTN: EMPLOYER ADVOCATE TEAM**  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Fax: (317) 234-6692  
E-mail: [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

## INSTRUCTIONS

1. Complete and return this form if there needs to be a change in the bank account to which your Pension Relief Distribution will be deposited. If no change is needed, this form does not need to be submitted.
2. If changes are needed, fax, mail, or deliver the completed, signed, and dated form to the Indiana Public Retirement System (INPRS) at the address on this form.
3. For security reasons, **DO NOT E-MAIL THIS FORM TO INPRS.**
4. Questions? Contact INPRS at (888) 876-2707 or by email at [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov).

## SUBMISSION UNIT INFORMATION

Submission unit name	Submission unit ID	Telephone number with area code	
Submission unit address ( <i>number and street</i> )	City	State	ZIP Code

## FINANCIAL INSTITUTION INFORMATION

Name of financial institution	Routing number ( <i>nine (9) digits</i> )	Account number	
Financial institution address ( <i>number and street</i> )	City	State	ZIP Code

## SIGNATURE

I understand it is my responsibility to notify the above financial institution regarding the electronic fund transfer (EFT). Failure to do so could result in non-receipt of the pension relief installment. If you have any questions, please feel free to contact our office at (888) 876-2707 Monday through Friday, 8 a.m. to 5p.m. Eastern Time, or by email at [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov).

Authorized Agent's signature	Authorized Agent's Title
Authorized Agent's name ( <i>printed</i> )	Date ( <i>mm/dd/yyyy</i> )