



**PENSION RELIEF DISTRIBUTION BANK
INFORMATION CHANGE**

State Form 53010 (R / 11-24)

**INDIANA PUBLIC RETIREMENT SYSTEM
ATTN: EMPLOYER ADVOCATE TEAM**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 876-2707 (Toll-free)
Fax: (317) 234-6692
E-mail: eppa@inprs.in.gov
Web site: 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 is to 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. 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.
5. Questions or changes? Call customer service, toll-free, at (888) 876-2707, Monday through Friday.

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.

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

INSTRUCTIONS

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IMPORTANT

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Entry field	Field description
SUBMISSION UNIT INFORMATION	
Submission unit name	Enter the submission unit name
Submission unit ID	Enter the ID number for the submission unit
Telephone number with area code	Enter the telephone number with area code for the submission unit
Submission unit address	Enter the mailing address including city, state, and ZIP Code for the submission unit
FINANCIAL INSTITUTION INFORMATION	
Name of financial institution	Enter the name of the financial institution
Routing number	Enter the routing number for the financial institution (9-digits)
Account number	Enter the account number for the financial institution
Financial institution address	Enter the financial institution mailing address including city, state, and 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.	
Authorized Agent signature	This form must be signed and dated by the Authorized Agent
Authorized Agent title	Enter the Authorized Agent's title
Authorized Agent name	Enter the Authorized Agent's printed name
Date	This form must be signed and dated by the Authorized Agent. Format = mm/dd/yyyy.