



**PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) AFFIDAVIT FOR COURT-APPOINTED GUARDIAN OF A SURVIVING DEPENDENT RETIREMENT BENEFIT**  
 State Form 44513 (R12 / 2-26)

**INDIANA PUBLIC RETIREMENT SYSTEM  
 PUBLIC EMPLOYEES' RETIREMENT FUND  
 TEACHERS' 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](mailto:questions@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://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 any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) to the address on this form.
2. Type or print using black ink.
3. **The guardian must submit documentation of the appointment (i.e., Letters of Guardianship from the court).**
4. This completed, signed, notarized, 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? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

**DECEASED MEMBER INFORMATION**

Deceased member name	Social Security number* (last 4 digits)	Pension ID (PID) number	Date of death (mm/dd/yyyy)
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**SURVIVING DEPENDENT OR COURT-APPOINTED GUARDIAN OF MINOR DEPENDENT CERTIFICATION**

I hereby certify that I am the court-appointed guardian\* of: \_\_\_\_\_  
 Name of dependent

a minor or disabled surviving dependent child of the deceased member named in this document. Pursuant to my status, I am making application for the surviving dependent retirement benefit due the surviving dependent provided by [IC 5-10.2-3-7.5](#). The remaining balance in the member's Defined Contribution Account (DC) and Rollover Savings Account (RSA), if applicable, is to be distributed to the designated beneficiary/beneficiaries.

\* **The guardian must submit documentation of the appointment (i.e., Letters of Guardianship from the court).**

Dependent name	Social Security number* (last 4 digits)	Date of birth (mm/dd/yyyy)	
Address (number and street)	City	State	ZIP Code
Guardian name	Guardian telephone number with area code		
Guardian or adult dependent signature	Date (mm/dd/yyyy)		

**NOTARY PUBLIC CERTIFICATION**

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 SS: \_\_\_\_\_ SEAL

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_,  
 Officer's county of residence \_\_\_\_\_ Officer's state of residence \_\_\_\_\_

personally appeared \_\_\_\_\_ and the applicant, being first, duly sworn by me upon the  
 Name of person

applicant's oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
 Signature

My commission expires: \_\_\_\_\_  
 Date (mm/dd/yyyy) \_\_\_\_\_ Name of officer (printed or typed)

**INSTRUCTIONS FOR  
PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) AFFIDAVIT  
FOR COURT-APPOINTED GUARDIAN OF A SURVIVING DEPENDENT RETIREMENT BENEFIT**  
State Form 44513

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Entry field	Field description
<b>DECEASED MEMBER INFORMATION</b>	
Deceased member name	Enter the deceased member's complete name.
Social Security number*	Enter the last 4 digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Date of death	Enter the member's date of death; format = mm/dd/yyyy.
<b>SURVIVING DEPENDENT OR COURT-APPOINTED GUARDIAN OF MINOR DEPENDENT CERTIFICATION</b>	
Dependent name	Enter the dependent's complete name.
Social Security number*	Enter the last 4 digits of the dependent's Social Security number.
Dependent date of birth	Enter the dependent's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the dependent's mailing address.
Guardian name	Enter the guardian's complete name.
Guardian telephone number	Enter the guardian's telephone number including area code.
Guardian or adult dependent signature	The guardian or adult dependent must sign and date this section of the form; format = mm/dd/yyyy.
<b>NOTARY PUBLIC CERTIFICATION</b>	
This application must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm the truth of all the information supplied on this application. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.	

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/TRF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(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
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>