



MEMBER DATA CHANGE

State Form 43567 (R15 / 2-24)

INDIANA PUBLIC RETIREMENT SYSTEM

One North Capitol Avenue, Suite 001
 Indianapolis, IN 46204-2014
 Telephone: (844) GO-INPRS (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. This form is used for updating any of the following: name, date of birth, gender, or marital status.
2. Address change must be submitted online through the INPRS website located at www.inprs.in.gov, using the Member Login, and accessing the online Retirement Service Center, or by calling Customer Service, Toll-free at (844) GO-INPRS.
3. Remove the instruction pages included with this form prior to returning the completed, signed, dated, and notarized form to INPRS.
4. Type or print using black ink. Complete all information as requested.
5. Include the required documents and an English translation of all foreign documents as outlined in the NAME CHANGE AFFIDAVIT section below. Include the appropriate legal documentation: marriage license, divorce decree, or court order.
6. This completed, signed, dated, and notarized form may be submitted by mail, fax, 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.
7. Direct questions or changes to the information on this form to Customer Service, Toll-free at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

NOTICE

Changing your name does not change who is listed as beneficiary of your defined contribution account or survivor of your pension benefit. If you want to change your beneficiary and you are not currently retired access your account at www.myinprsretirement.org. If you are currently retired and want to change your beneficiary or survivor complete the [Retired Member Change of Beneficiary and/or Retirement Benefit Option \(State Form 49518\)](#) available from the INPRS website and submit it to INPRS.

MEMBER INFORMATION

First name		Middle name	Last name	
Date of birth (mm/dd/yyyy)		Pension ID (PID) number		Social Security number* (last 4 digits)
Fund/Plan (Select one) <input type="checkbox"/> PERF <input type="checkbox"/> TRF <input type="checkbox"/> PARF <input type="checkbox"/> 1977 Fund <input type="checkbox"/> EG&C <input type="checkbox"/> JRS <input type="checkbox"/> LRS				Member status (Select one) <input type="checkbox"/> Active member <input type="checkbox"/> Benefit recipient
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Telephone number with area code

NAME CHANGE AFFIDAVIT

The appropriate documents from the following list **must be submitted with this form**:

1. A copy of your divorce decree restoring or establishing a name change, or marriage certificate establishing name.
2. A copy of the court order whereby you have legally changed your name; or
3. If you are unable to present a copy of items 1 and 2 above, upon approval by the Executive Director of the Indiana Public Retirement System (INPRS) or the director's designee, this sworn name change affidavit and a copy of a photo identification issued by a government agency (driver's license, passport, state ID card, etc.) with your name as it is to be changed in INPRS records is acceptable. If you are submitting a copy of a photo identification, you must also have the Notary Public Certification section below completed.

Previous name (Printed)	New name (Printed)
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I, the undersigned, hereby affirm that there is no fraudulent intent in the decision to change my name. It is my wish that from this day forward, my retirement account be maintained under the new name as listed above.

Member signature (New name)	Date (mm/dd/yyyy)
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First name	Middle name	Last name
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NOTARY PUBLIC CERTIFICATION

State of _____

SS:

SEAL

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____, personally
Officer's county of residence *Officer's state of residence*

appeared _____ and the member, being first duly sworn by me upon the
Name of person

member'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)

IC 5-10.2, IC 5-10.4 & IC 5-10.5 et seq.

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Entry field	Field description
MEMBER INFORMATION	
First name	Enter the complete name of the member.
Middle name	Enter the complete name of the member.
Last name	Enter the complete name of the member.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Social Security number*	Enter the member's Social Security number <i>(last 4 digits)</i> .*
Fund/Plan	Select one of the funds listed
Member status	Select one from the options listed, active member or benefit recipient
Marital status	Enter the member's marital status.
Gender	Enter the member's gender
Telephone number with area code	Enter the member's telephone number including area code.
NAME CHANGE AFFIDAVIT	
Previous name	Enter the member's previous name.
New name	Enter the member's new name after name change.
Member signature	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
NOTARY PUBLIC CERTIFICATION	
This form must be notarized. Take the form to a Notary Public with an active commission. The Notary requires that you swear or affirm that you are the named person on the form. You are 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.	

HELPFUL INFORMATION

	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(866) 232-3882 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(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