



MEMBER DATA CHANGE

State Form 43567 (R13 / 4-21)

**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 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* Your Social Security number is being requested by this agency pursuant to the requirements of Internal Revenue Code 3405. This disclosure is mandatory, and this form cannot be processed without this information

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 signed, dated, and completed 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.
6. This completed, signed, and dated form may be submitted by mail, fax, or delivered to the lobby of INPRS using the contact information indicated on this form. Lobby hours are 8 a.m. to 5 p.m. ET on weekdays. 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 wish to change your beneficiary and you are not currently retired access your account at www.myinprsretirement.org. If you are currently retired and wish to change your beneficiary or survivor complete the [Retired Member Change of Beneficiary and/or Retirement Benefit Option \(State Form 49518\)](#) and submit it to INPRS.

MEMBER INFORMATION

Member's name	Pension ID (PID) number	Social Security number*
<i>Select the appropriate fund.</i> <input type="checkbox"/> PERF <input type="checkbox"/> TRF		Date of birth (mm/dd/yyyy)
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	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 (<i>Printed</i>)	New name (<i>Printed</i>)
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's signature	Date (mm/dd/yyyy)

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 he/she, being first duly sworn by me upon his/her oath,
Name of person

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	
Member's name	Enter the complete name of the member.
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> .
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy
Marital status	Enter the member's marital status.
Gender	Enter the member's gender
Telephone number with area code	Enter telephone number including area code for the member.
NAME CHANGE AFFIDAVIT	
Previous name	Enter the member's previous name.
New name	Enter the member's new name after name change.
Member's 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 if you are following Step 3 in the Name Change Affidavit section. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm that you are the named person on the form. 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.	

HELPFUL INFORMATION

	INPRS/PERF/TRF	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