



## MEMBER DATA CHANGE

State Form 43567 (R11 / 1-18)

**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](mailto:questions@inprs.in.gov) / Web site: [www.inprs.in.gov](http://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 changes must be submitted online through the INPRS Web site located at [www.inprs.in.gov](http://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 form.
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 form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. 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 - Friday, 8 a.m. - 8 p.m. EST.

### MEMBER INFORMATION

Member's name	Pension ID (PID) number	Social Security number ( <i>last 4 digits</i> )
<i>Select the appropriate fund.</i> <input type="checkbox"/> PERF <input type="checkbox"/> TRF		Date of birth ( <i>mm/dd/yyyy</i> )
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 (drivers 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 ( <i>mm/dd/yyyy</i> )

### NOTARY PUBLIC CERTIFICATION

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_,

personally appeared \_\_\_\_\_ and he/she, being first duly sworn by me upon his/her oath,

say that the facts alleged in the foregoing instrument are true.

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

\_\_\_\_\_  
Signature

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
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
<b>MEMBER INFORMATION</b>	
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 <i>(last 4 digits)</i>	Enter the last four digits of the member's Social Security number.
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.
<b>NAME CHANGE AFFIDAVIT</b>	
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.
<b>NOTARY PUBLIC CERTIFICATION</b>	
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.	