



**LIMITED POWER OF ATTORNEY
FOR MEMBERS AND RECIPIENTS**

State Form 49614 (R8 / 7-20)

<p>INDIANA PUBLIC RETIREMENT SYSTEM E-mail: questions@inprs.in.gov Web site: www.inprs.in.gov</p>
<p>VOYA FINANCIAL Attn: Indiana Public Retirement System PO Box 389 Hartford, CT 06141 Telephone: (844) GO-INPRS (Toll-free) Fax: 844-265-5840 (Toll-free)</p>

* 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. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address or fax number on this form.
2. Type or print using black ink.
3. Questions? Call customer service, toll-free at (844) GO-INPRS, Monday- Friday, 8 a.m. to 5 p.m. ET.

MEMBER OR RECIPIENT INFORMATION

Name of member or recipient	Social Security number (last 4 digits)*	Pension ID (PID) number	
Address (number and street)	Date of birth (mm/dd/yyyy)	Telephone number with area code	
City	State	ZIP Code	E-mail address

MEMBER FUND (Choose one)

- | | |
|--|---|
| <input type="checkbox"/> 1977 Police Officers' & Firefighters' Pension & Disability Fund | <input type="checkbox"/> Public Employees' Retirement Fund |
| <input type="checkbox"/> Excise, Gaming and Conservation Officers' Plan | <input type="checkbox"/> PERF My Choice Retirement Savings Plan |
| <input type="checkbox"/> Judges' Retirement System | <input type="checkbox"/> Teachers' Retirement Fund |
| <input type="checkbox"/> Legislators' Retirement System | <input type="checkbox"/> TRF My Choice Retirement Savings Plan |
| <input type="checkbox"/> Prosecuting Attorneys' Retirement Fund | |

ATTORNEY-IN-FACT POWERS

Pursuant to IC 30-5-4-1, I, _____, do hereby appoint rescind (Check one)
Name of member or recipient

_____ as my attorney-in-fact to obtain account information, sign and execute documents on my behalf, and conduct all business including investment allocations, as it relates to my account. Unless otherwise stated, this Power of Attorney (POA) remains in effect unless revoked in writing to the Indiana Public Retirement System by the member. This POA does not give the attorney-in-fact power beyond what the principal would have under the terms of the plan(s).

Address of attorney-in-fact (number and street)	Date POA begins (mm/dd/yyyy)	Date POA ends (mm/dd/yyyy)
City	State	ZIP Code
Signature of member or recipient	Date (mm/dd/yyyy)	

NOTARY PUBLIC CERTIFICATION

State of _____ SS: _____ SEAL

County of _____

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

personally 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)

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Entry field	Field description
MEMBER OR RECIPIENT INFORMATION	
Member's name	Enter the member's complete name.
Social Security number	Enter the last four digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's mailing address.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy
Telephone number	Enter the member's telephone number including area code.
E-mail address	Enter the member's e-mail address, if applicable.
MEMBER FUND (Choose one)	
Member fund	Select the appropriate fund.
ATTORNEY-IN-FACT POWERS	
Member's name	Enter the member's complete name.
Action	Choose either to appoint or rescind the attorney-in-fact powers.
Attorney-in-fact name	Enter the attorney-in-fact's complete name.
Address, City, State, ZIP Code	Enter the dependent's mailing address.
Date POA begins	Enter the effective date of the POA form; format = mm/dd/yyyy.
Date POA ends (optional)	Enter the ending date of the POA form; format= mm/dd/yyyy.
Telephone number	Enter the attorney-in-fact's telephone number including area code.
Attorney-in-fact's signature and date	The attorney-in-fact must sign and date this section of the form; format = mm/dd/yyyy,
NOTARY PUBLIC CERTIFICATION	
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.	

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
	(844) 265-5840 Fax Toll-free	(800) 829-4477 Tele Tax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2240 Indianapolis local
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor