



**LIMITED POWER OF ATTORNEY
FOR MEMBER, SURVIVOR, OR
BENEFICIARY**

State Form 49614 (R10 / 10-23)

<p align="center">INDIANA PUBLIC RETIREMENT SYSTEM E-mail: questions@inprs.in.gov Web site: www.inprs.in.gov</p>
<p align="center">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>

* 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 this information.

INSTRUCTIONS

1. Remove the 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. This completed, signed, dated, and notarized 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.
4. Questions? Call customer service, toll-free at (844) GO-INPRS, Monday- Friday, 8 a.m. to 5 p.m. ET.

MEMBER, SURVIVOR, OR BENEFICIARY INFORMATION

Name of member, survivor, or beneficiary	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, survivor, or beneficiary

_____ as my attorney-in-fact to obtain account information, sign and execute
Name of attorney-in-fact

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	Telephone number with area code
Signature of member, survivor, or beneficiary			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 the member or recipient, being first duly sworn by me
Name of person

upon the member's or recipient's oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20_____. _____
Officer's signature

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

CopY has same force and effect as Original.

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State Form 49614

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Entry field	Field description
MEMBER OR RECIPIENT INFORMATION	
Name of member, survivor, or beneficiary	Enter the complete name of the member, survivor, or beneficiary.
Social Security number*	Enter the last four digits of the member, survivor, or beneficiary Social Security number.*
Pension ID (PID) number	Enter the member, survivor, or beneficiary Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member, survivor, or beneficiary mailing address.
Date of birth	Enter the member, survivor, or beneficiary date of birth; format = mm/dd/yyyy
Telephone number	Enter the member, survivor, or beneficiary telephone number including area code.
E-mail address	Enter the member, survivor, or beneficiary e-mail address, if applicable.
MEMBER FUND (Choose one)	
Member fund	Select the appropriate fund.
ATTORNEY-IN-FACT POWERS	
Name of member, survivor, or beneficiary	Enter the complete name of the member, survivor, or beneficiary.
Action	Choose either to appoint or rescind the attorney-in-fact powers.
Name of attorney-in-fact	Enter the attorney-in-fact's complete name.
Address, City, State, ZIP Code	Enter the attorney-in-fact'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.
Signature of member, survivor, or beneficiary	The member, survivor, or beneficiary 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.	
Copy has same force and effect as Original.	

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