Reset Form

CHANGE OF BENEFICIARY

State Form 52332 (R / 11-12)

INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND
P. O. Box 7037
Indianapolis, IN 46207-7037
Telephone: (888) 286-3544 (Toll-free)
Fax: (317) 232-3882
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.

MEMBER INFORMATION

Member's name			Social Security number*	Pension ID (PID) number
Address *(number and street)*	Telephone number with area code		Other telephone number with area code	
City	State	ZIP Code	E-mail address	

GENERAL INFORMATION

If you do not want a lump sum payment of your death benefit to be paid to your estate, you must designate your beneficiaries. Be sure to designate each beneficiary as primary or contingent. This list supersedes any list of beneficiaries currently on file with the Teachers' Retirement Fund (TRF) for this member. This form is used to designate beneficiaries in the accounts described below only. This form is not used to designate or change survivor option beneficiaries.

A Primary beneficiary will receive all benefits due upon the member's death. Multiple surviving Primary beneficiaries will receive shares of the benefits due upon the member's death based on the percentages indicated on this form. If no percentages have been supplied for the primary beneficiaries, the beneficiaries will receive equal shares of the benefits.

A Contingent beneficiary will receive all benefits upon the member's death only if all designated Primary beneficiaries predecease the member. Multiple Contingent beneficiaries will receive shares provided all designated Primary beneficiaries predecease the member based on the percentages indicated on this form. If no percentages have been supplied for the contingent beneficiaries and there are no surviving primary beneficiaries, the contingent beneficiaries will receive equal shares of the benefits.

A beneficiary designation for the ASA or RSA must be witnessed by an individual other than the member's designated beneficiary pursuant to the TRF rule (35 IAC 14-4-4).

A beneficiary change on your TRF Annuity Savings Account (ASA) or an established TRF Rollover Savings Account (RSA) may be completed online using the Online Retirement Service Center available to members on the INPRS Web site located at www.inprs.in.gov, This completed form may be delivered to the lobby of the 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. The list of current year state holidays is available online at www.in.gov/spd/2555.htm.

ANNUITY SAVINGS ACCOUNT (ASA) BENEFICIARY CHANGE

Complete this section if you are making beneficiary designations for your ASA account with TRF. This designation applies to your Annuity Savings Account (ASA) only. No changes to any other account will be made using this form.

ASA BENEFICIARY DESIGNATION

The beneficiary designations listed in this section replace all ASA beneficiary information submitted previously. The percentage of benefit to be paid to each beneficiary must be in whole number increments of 1 percent or greater. The total of all Primary beneficiary percentages must equal 100 percent. The total of all Contingent beneficiary percentages must equal 100 percent. If there are more than ten (10) ASA beneficiaries, please attach an additional page with the information.

	Beneficiary's name	**Date of birth** (*mm/dd/yyyy*)	**Social Security number** *(Last 4 digits)*/**Tax ID**	**Relationship to member**	**Designation** (*Check one*)	**Percent of benefit**
1.					☐ Primary ☐ Contingent	%
2.					☐ Primary ☐ Contingent	%
3.					☐ Primary ☐ Contingent	%
4.					☐ Primary ☐ Contingent	%
5.					☐ Primary ☐ Contingent	%
6.					☐ Primary ☐ Contingent	%
7.					☐ Primary ☐ Contingent	%

Member's name	Social Security number*	Pension ID (PID) number

ASA BENEFICIARY DESIGNATION *(Continued)*

	Beneficiary's name	Date of birth (*mm/dd/yyyy*)	Social Security number *(Last 4 digits)*/Tax ID	Relationship to member	Designation (*Check one*)	Percent of benefit
8.					☐ Primary ☐ Contingent	%
9.					☐ Primary ☐ Contingent	%
10.					☐ Primary ☐ Contingent	%

ROLLOVER SAVINGS ACCOUNT (RSA) BENEFICIARY CHANGE

Complete this section if you are making beneficiary designations for your RSA account with TRF. This designation applies to your Rollover Savings Account (RSA) only. No changes to any other account will be made using this form.

RSA BENEFICIARY DESIGNATION

The beneficiary designations listed in this section replace all RSA beneficiary information submitted previously. The percentage of benefit to be paid to each beneficiary must be in increments of 1 percent or greater. The total of all Primary beneficiary percentages must equal 100 percent. The total of all Contingent beneficiary percentages must equal 100 percent. If there are more than ten (10) RSA beneficiaries, please attach an additional page with the information.

	Beneficiary's name	Date of birth (*mm/dd/yyyy*)	Social Security number *(Last 4 digits)*/Tax ID	Relationship to member	Designation (*Check one*)	Percent of benefit
1.					☐ Primary ☐ Contingent	%
2.					☐ Primary ☐ Contingent	%
3.					☐ Primary ☐ Contingent	%
4.					☐ Primary ☐ Contingent	%
5.					☐ Primary ☐ Contingent	%
6.					☐ Primary ☐ Contingent	%
7.					☐ Primary ☐ Contingent	%
8.					☐ Primary ☐ Contingent	%
9.					☐ Primary ☐ Contingent	%
10.					☐ Primary ☐ Contingent	%

MEMBER AFFIDAVIT

The member attests that all changes and information provided on this document are true to the best of his/her knowledge.

Member's signature	Date *(mm/dd/yyyy)*
Member's printed name	
Witness' signature	Date *(mm/dd/yyyy)*
Witness' printed name	

INSTRUCTIONS FOR

CHANGE OF BENEFICIARY

State Form 52332 (R / 11-12)

IMPORTANT

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 shown on this form.
2. Type or print using black ink.
3. Complete all information and place the member's name, Pension ID number, and Social Security number at the top of each page as requested.
4. A beneficiary change on your TRF Annuity Savings Account (ASA) or an established TRF Rollover Savings Account (RSA) may be completed online using TRF Online available to members on the TRF Web site located at www.INPRS.gov, or by contacting Customer Service, Toll-free at (888) 286-3544, Monday – Friday, 8 a.m. – 8 p.m. EST.
5. 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. The list of current year state holidays is available online at www.in.gov/spd/2555.htm..

Entry field	Field description
MEMBER INFORMATION	
Member's name	Enter the complete name of the member.
Social Security number	Enter the nine-digit Social Security number of the member.
Pension ID (PID) number	Enter the member's Pension ID number.
Address, City, State, ZIP code	Enter the street address and/or mailing address of the member.
Telephone/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address.
ANNUITY SAVINGS ACCOUNT (ASA) BENEFICIARY CHANGE	
Primary or Contingent beneficiary's name	In the appropriate section (Primary or Contingent), enter the beneficiary's name
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.
Social Security number/Tax ID	Enter the beneficiary's Social Security number or Tax ID in the case of an estate or trust.
Relationship to member	Enter the beneficiary's relationship to the member.
Percent of benefit	Enter the percent of benefit for the named beneficiary. The percent of benefit must be a whole number and the total percent of benefit of all Primary or Contingent beneficiaries must equal 100 percent for either Primary or Contingent beneficiaries. See the ASA Primary Beneficiary Designation and the ASA Contingent Beneficiary Designation sections of the form for more details.
ROLLOVER SAVINGS ACCOUNT (RSA) BENEFICIARY CHANGE	
Primary or Contingent beneficiary's name	In the appropriate section (Primary or Contingent), enter the beneficiary's name
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.
Social Security number/Tax ID	Enter the beneficiary's Social Security number or Tax ID in the case of an estate or trust.
Relationship to member	Enter the beneficiary's relationship to the member.
Percent of benefit	Enter the percent of benefit for the named beneficiary. The percent of benefit must be a whole number and the total percent of benefit of all Primary or Contingent beneficiaries must equal 100 percent for either Primary or Contingent beneficiaries. See the RSA Primary Beneficiary Designation and the RSA Contingent Beneficiary Designation sections of the form for more details.
MEMBER AFFIDAVIT	
By signing and dating this form the member attests that all changes and information provided on this document are true to the best of his/her knowledge.	
Member's signature and printed name	The member must sign and print their name in this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
Witness' signature and printed name	The member's signature must be witnessed by someone other than a named beneficiary.
Date	The witness must include the date the form was signed; format = mm/dd/yyyy.

HELPFUL INFORMATION

	INPRS / TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 286-3544 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(800) 386-5127 Fax	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor