



FORGERY AFFIDAVIT

State Form 52660 (R5 / 9-22)

INDIANA PUBLIC RETIREMENT SYSTEM

One North Capitol Avenue, Suite 001
 Indianapolis, IN 46204-2014
 E-mail: questions@inprs.in.gov
 Web site: www.inprs.in.gov
 Telephone: (844) GO INPRS (Toll-free)
 Fax: (866) 591-9441 (Toll-free)

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 shown above.
2. Type or print using black ink.
3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday – Friday, 8 a.m.- 8 p.m. ET.

MEMBER FUND (Choose one)

- | | |
|--|--|
| <input type="checkbox"/> Public Employees' Retirement Fund | <input type="checkbox"/> Teachers' Retirement Fund |
| <input type="checkbox"/> 1977 Fund | <input type="checkbox"/> EG&C Fund |
| <input type="checkbox"/> JRS Fund | <input type="checkbox"/> PARF Fund |
| | <input type="checkbox"/> LEDB Fund |

MEMBER/BENEFIT RECIPIENT AFFIDAVIT

_____, being duly sworn on oath, deposes and says
Name of affiant

the Affiant resides at _____ that Affiant has seen a certain
Affiant's address (number and street, city, state, and ZIP code)

Instrument in writing commonly known and described as a check, signed by _____,
Endorser's name

dated _____, 20____, drawn on the _____
Date check was cashed *Bank's name*

payable to the order of _____ in the amount of
Payee's name

_____ dollars (\$_____), endorsed by
Amount in words *Amount in numbers*

_____ and purporting to bear the Signature of this Affiant endorsed thereon.
Endorser's name

Affiant further says that said endorsement purporting to be that of Affiant upon the back of said check is not the signature of this Affiant; that said check was never received by this Affiant; Affiant does not know the person who placed Affiant's name on the back of said check; that said endorsement upon said check was not made with the authority, permission, or knowledge of this Affiant; and that Affiant has not received any consideration therefore or any of the proceeds of said check; that this Affiant did not ratify, adopt or confirm the said endorsement; and that said endorsement is a forgery. I affirm under the penalties for perjury that the foregoing representations are true.

Affiant's signature	Date (mm/dd/yyyy)
Printed name of affiant	

**INSTRUCTIONS FOR
FORGERY AFFIDAVIT**

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Entry field	Field description
MEMBER FUND	
Select the member's fund; choose only one.	
AFFIDAVIT	
Affiant's name	Enter the complete name of the affiant.
Affiant's address	Enter the complete address of the affiant.
Endorser's name	Enter the endorser's name.
Date check was cashed	Enter the date the check was cashed.
Bank's name	Enter the bank's name on the check.
Payee's name	Enter the payee's name on the check
Amount in words	Enter the amount on the check in words.
Amount in dollars	Enter the amount on the check in numbers.
Endorser's name	Enter the endorser's name.
Affiant's signature	The affiant must sign this section of the form.
Date	The affiant must include the date the form was signed; format = mm/dd/yyyy
Printed name of affiant	The affiant must print their name.

HELPFUL INFORMATION			
	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	Fax: (866) 591-9441	(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