Reset Form

ELECTION TO BEGIN RECEIVING BENEFITS
(For members age 70 with 20 years of service)

State Form 49285 (R7 / 4-13)

INDIANA PUBLIC RETIREMENT SYSTEM
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
E-mail: questions@perf.in.gov
Web site: www.perf.in.gov

PUBLIC EMPLOYEES' RETIREMENT FUND
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)

TEACHERS' RETIREMENT FUND
Telephone: (888) 286-3544 (Toll-free)
Fax: (317) 232-0914

* 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.

INSTRUCTIONS

1. Remove the instruction page included with this form prior to submitting the form to the Indiana Public Retirement System (INPRS) by mailing to the INPRS address shown above or faxing to the correct fund number shown above.
2. Type or print using black ink.
3. This completed form may be delivered to the lobby of INPRS. 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.
4. Questions? Call customer service, toll-free, at (888) 526-1687 (PERF) or (888) 286-3544 (TRF) Monday – Friday, 8 a.m. – 8 p.m. EST.

GENERAL INFORMATION

Indiana Code 5-10.2-4-8.2(b)(2) allows members of the PERF or TRF who are at least 70 years of age and have completed 20 or more years of PERF or TRF service to choose to begin receiving retirement benefits and continue to serve in their PERF- or TRF-covered position. If the member chooses to receive retirement benefits, the member does not have to continue to make contributions to the PERF or TRF Annuity Savings Account (ASA), but may elect to do so. In any event, no additional creditable service will be accrued once benefits begin.

In order to satisfy the requirements of the law, you must complete this form and sign below acknowledging that you are aware that your decision to begin benefits and forfeit additional service credit is irrevocable.

MEMBER FUND *(Choose one)*

☐ **Public Employees' Retirement Fund** ☐ **Teachers' Retirement Fund**

MEMBER INFORMATION

Member's name		Social Security number *(last 4 digits)**	Pension ID (PID) number
Address *(number and street)*			Date of birth *(mm/dd/yyyy)*
City	State	ZIP Code	Telephone number with area code
E-mail address			Other telephone number with area code

BENEFIT AND CONTRIBUTION ELECTION

I elect to begin receiving benefits as of this date *(mm/01/yyyy)*: _____ / _01_ / _____.

ANNUITY SAVINGS ACCOUNT CONTRIBUTION ELECTION *(select only one)*

☐ I elect to continue making contributions to my Annuity Savings Account. Both employer (if applicable) and member contributions to the member's ASA will continue.

☐ I elect to discontinue making contributions to my Annuity Savings Account. Both employer and member contributions to the member's ASA will discontinue.

MEMBER AFFIDAVIT

I understand that my ANNUITY SAVINGS ACCOUNT CONTRIBUTION ELECTION **cannot** be changed after this form is received by the Fund.

If I have chosen to continue my ASA contributions, I may change the amount of my contributions or change the investment distribution of my contributions at any time.

I acknowledge that I have read and understand my contribution election and the statements presented on this form.

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

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Entry field	Field description
MEMBER FUND	
Member's fund	Select the member's fund.
MEMBER INFORMATION	
Member's name	Enter the member's complete name.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy
Address, City, State, ZIP Code	Enter the member's street or mailing address.
Telephone number/Other telephone number	Enter the member's telephone numbers including area codes.
E-mail address	Enter the member's e-mail address, if applicable.
BENEFIT AND CONTRIBUTION ELECTION	
I elect to begin receiving . . .	Enter the date the benefit payments are to begin. It must be the first day of any month chosen; format = mm/01/yyyy.
ANNUITY SAVINGS ACCOUNT CONTRIBUTION ELECTION	
You must select one of the options.	
I elect to continue . . .	Both employer (if applicable) and member contributions to the member's ASA will continue.
I elect to discontinue . . .	Both employer and member contributions to the member's ASA will discontinue.
MEMBER AFFIDAVIT	
Member's signature	The member must sign and date this section of the form; format = mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS / PERF	**INTERNAL REVENUE SERVICE**	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
	INPRS / TRF	(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
	(888) 286-3544 (Toll-free)		
	Fax: (317) 232-0914		(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor