



## DATE OF BIRTH AFFIDAVIT

State Form 49290 (R5 / 1-16)

**INDIANA PUBLIC RETIREMENT SYSTEM  
PUBLIC EMPLOYEES' RETIREMENT FUND  
TEACHERS' RETIREMENT FUND**  
1 North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (888) 526-1687 (Toll-free)  
Fax: (866) 591-9441 (Toll-free)  
E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://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.

### 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 shown on this form.
2. Type or print using black ink. Complete all information as requested.
3. This form must be notarized and the notary's seal must be visible and readable.
4. 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.
5. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

### MEMBER INFORMATION

Member's name	Social Security number* (last 4 digits)	Pension ID (PID) number
---------------	---	-------------------------

### AFFIDAVIT

This affidavit is being made by (check one):  Member  Beneficiary  Survivor

Affiant's name	Social Security number*	Date of birth (mm/dd/yyyy)
----------------	-------------------------	----------------------------

I hereby affirm that I do not have any of the following documents or any two documents identified in 35 IAC 1.2-5-17. This regulation is available online at <http://www.in.gov/legislative/iac/T00350/A00012.PDF>. (If you do not have access to 35 IAC 1.2-5-17, please call a PERF representative to request a copy.)

1. A birth certificate or registration from the public health department or other governmental entity,
2. A court decree obtained under IC 34-28-1 and certified by the clerk of the court,

I further affirm that I understand the Indiana Public Retirement System (INPRS) will use the birth date written on this form as my date of birth in order to determine a benefit entitlement.

Affiant's signature	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)

35 IAC 14-7-3

**INSTRUCTIONS FOR  
DATE OF BIRTH AFFIDAVIT**

State Form 49290

**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. Complete all information as requested.
3. This form must be notarized and the notary's seal must be visible and readable.
4. 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.
5. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the complete name of the member.
Social Security number	Enter the last 4 digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
<b>AFFIDAVIT</b>	
This affidavit is being made by	Check one from <b>Member, Beneficiary, or Survivor.</b>
Affiant's name	Enter the complete name of the affiant.
Social Security number	Enter the last 4 digits of the affiant's Social Security number.
Date of birth	Enter the affiant's date of birth; format = mm/dd/yyyy.
Affiant's signature	The affiant must sign and date this form.
Date	The affiant must sign and date this form; format = mm/dd/yyyy.
<b>NOTARY PUBLIC CERTIFICATION</b>	
This form 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 that you are the named person on the form. 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.	

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/PERF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(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
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>