



### DATE OF BIRTH AFFIDAVIT

State Form 49290 (R8 / 2-21)

#### INDIANA PUBLIC RETIREMENT SYSTEM

One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (844) GO-INPRS (Toll-free)  
Fax: (866) 591-9441 (Toll-free)  
Email: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
Website: [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. Include the Member's name, Social Security number\* (*last 4 digits*), and Pension ID (PID) number at the top of each page of this form being submitted to INPRS.
4. This form must be notarized and the notary's seal must be visible and readable.
5. 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. 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.
6. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

#### MEMBER INFORMATION

Member's name	Social Security number* ( <i>last 4 digits</i> )	Pension ID (PID) number
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#### AFFIDAVIT

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

Affiant's name	Social Security number*	Date of birth ( <i>mm/dd/yyyy</i> )
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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](#).

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 the date of birth I listed above is accurate and 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 ( <i>mm/dd/yyyy</i> )
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#### NOTARY PUBLIC CERTIFICATION

State of \_\_\_\_\_

County of \_\_\_\_\_ SS: \_\_\_\_\_ SEAL \_\_\_\_\_

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\_\_\_\_.

My commission expires: \_\_\_\_\_ Date (*mm/dd/yyyy*)

Signature \_\_\_\_\_  
Name of officer (*printed or typed*) \_\_\_\_\_

Member's name	Social Security number* ( <i>last 4 digits</i> )	Pension ID (PID) number
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**35 IAC 1.2-5-17 Birth date and date of death; proof required**

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Authority: IC 5-10.5-4-2

Affected: IC 5-10.2; IC 5-10.3; IC 34-28-1

Sec. 17. (a) No retirement benefits shall be paid to a member until the member provides proof of date of birth in any one (1) of the following forms:

(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.

(3) Other evidence relating to the member's date of birth may be submitted, and upon approval the board shall fix a date based thereon.

(b) A member selecting a joint and survivor retirement option shall also provide evidence of the date of birth of the co-survivor.

(c) INPRS may obtain date of birth and date of death information from the Indiana state department of health or other reasonable sources, as approved by INPRS. (Board of Trustees of the Indiana Public Retirement System; 35 IAC 1.2-5-17; filed Dec. 20, 1988, 1:00 p.m.: 12 IR 1084; readopted filed Oct 31, 2001, 2:18 p.m.: 25 IR 897; adopted Nov 9, 2007: 20071205-IR035070818ONA; adopted Sep 16, 2011: 20110928-IR-035110563ONA; adopted Nov 4, 2016: 20161116-IR-035160500ONA)

*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. Include the Member's name, Social Security number\* (*last 4 digits*), and Pension ID (PID) number at the top of each page of this form being submitted to INPRS.
4. This form must be notarized and the notary's seal must be visible and readable.
5. 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. 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.
6. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

<b>35 IAC 1.2-5-17 Birth date and date of death; proof required</b>
<p>Authority: IC 5-10.5-4-2                      Affected: IC 5-10.2; IC 5-10.3; IC 34-28-1</p> <p>Sec. 17. (a) No retirement benefits shall be paid to a member until the member provides proof of date of birth in any one (1) of the following forms:</p> <ol style="list-style-type: none"> <li>(1) A birth certificate or registration from the public health department or other governmental entity.</li> <li>(2) A court decree obtained under IC 34-28-1 and certified by the clerk of the court.</li> <li>(3) Other evidence relating to the member's date of birth may be submitted, and upon approval the board shall fix a date based thereon.</li> </ol> <p>(b) A member selecting a joint and survivor retirement option shall also provide evidence of the date of birth of the co-survivor.</p> <p>(c) INPRS may obtain date of birth and date of death information from the Indiana state department of health or other reasonable sources, as approved by INPRS. (<i>Board of Trustees of the Indiana Public Retirement System; 35 IAC 1.2-5-17; filed Dec. 20, 1988, 1:00 p.m.: 12 IR 1084; readopted filed Oct 31, 2001, 2:18 p.m.: 25 IR 897; adopted Nov 9, 2007: 20071205-IR035070818ONA; adopted Sep 16, 2011: 20110928-IR-035110563ONA; adopted Nov 4, 2016: 20161116-IR-035160500ONA</i>)</p>

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.
<p>I hereby affirm that I do not have any of the following documents or any two documents identified in <a href="#">35 IAC 1.2-5-17</a>.</p> <ol style="list-style-type: none"> <li>1. A birth certificate or registration from the public health department or other governmental entity,</li> <li>2. A court decree obtained under IC 34-28-1 and certified by the clerk of the court,</li> </ol> <p>I further affirm that the date of birth I listed above is accurate and 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.</p>	
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>	
<p>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.</p>	

<b>HELPFUL INFORMATION</b>			
	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 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>