



CHANGE OF BENEFICIARY

State Form 1856 (R11 / 12-16)

INDIANA PUBLIC RETIREMENT SYSTEM PUBLIC EMPLOYEES' RETIREMENT FUND

P.O. Box 9001
Norfolk, Virginia 23501
Telephone: (888) 526-1687 (Toll-free)
Fax: (800) 386-5127 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information.

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 on the form.
2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
3. 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.
4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

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 INPRS for this member.

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, this form will be returned to you for completion of the percentage section.

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, this form will be returned to you for completion of the percentage section.

The option to choose a beneficiary **must** be signed by a witness. The witness may be any person other than a beneficiary named on this form.

A beneficiary change on your PERF Annuity Savings Account (ASA) or an established PERF Rollover Savings Account (RSA) may be completed online using INPRS Online available to members on the INPRS Web site located at www.inprs.in.gov, or by contacting 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*	Pension ID (PID) number
Address	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

ANNUITY SAVINGS ACCOUNT (ASA) BENEFICIARY CHANGE

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

ASA Primary Beneficiary Designation

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

	Primary beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID*	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

Member's name	Social Security number*	Pension ID (PID) number
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ASA Contingent Beneficiary Designation

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

	Contingent beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID*	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

ROLLOVER SAVINGS ACCOUNT (RSA) BENEFICIARY CHANGE

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

RSA Primary Beneficiary Designation

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

	Primary beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID*	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

RSA Contingent Beneficiary Designation

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

	Contingent beneficiary's name	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID*	Relationship to member	Percent of Benefit
1.					%
2.					%
3.					%
4.					%
5.					%

MEMBER AFFIDAVIT

I, the named member of PERF, attest that all changes and information provided on this document are true to the best of my knowledge.

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

**INSTRUCTIONS FOR
CHANGE OF BENEFICIARY**

State Form 1856

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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 date	The member must sign and date this section of the form; format = mm/dd/yyyy.
Witness' signature and date	The member's signature must be witnessed by someone other than a named beneficiary; 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
	(800) 386-5127 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
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor