PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) / TEACHERS' RETIREMENT FUND (TRF) RETIRED MEMBER APPLICATION FOR CHANGE OF BENEFICIARY AND/OR PENSION OPTION

State Form 49432 (R6 / 7-26)

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
TEACHERS' RETIREMENT FUND
One 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
Web site: www.inprs.in.gov

Select ONE *(Required)*: ☐ **Public Employees' Retirement Fund (PERF Hybrid Plan)**
☐ **Teachers' Retirement Fund (TRF Hybrid Plan)**

Reset Form

Complete this form to change your beneficiary or pension option. If you want an estimate of the change, you must complete and submit the *Public Employees' Retirement Fund (PERF)/Teachers' Retirement Fund (TRF) Retirement Fund Estimate for Retired Member Change of Beneficiary and/or Retirement Benefit Option (State Form 49513)* to obtain an Estimate for these changes.

If you choose to forego first receiving an estimate and elect to proceed with the changes requested herein REGARDLESS OF THE RESULTS, INCLUDING THE POSSIBLE DECREASE OF BENEFITS, complete, sign, date, have notarized, and submit this form which authorizes the Indiana Public Employees' Retirement System (INPRS) to proceed with your change request.

* 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 on this form.
2. Type or print using black ink. Complete all information and place the Member name and Social Security number at the top of each page as requested.
3. Members may not change a survivor if a final order or property settlement in an action for dissolution of marriage prohibits a change in the member's designated survivor or provides a right to survivor benefit to a person who would be removed as the designated survivor. (IC 5-10.2-4-7)
4. The following may need to be submitted with this form to INPRS if not already submitted, as applicable.
   - A copy of both the member's and member's spouse's birth certificate. Documents showing the date of birth and parents such as a certified copy of a birth certificate or a registration from the public health department; or other governmental entity or a court decree obtained under IC 34-28-1 and certified by the clerk of the court are acceptable.
   - A copy of your marriage certificate or divorce decree. Documents showing the date of marriage such as a certified photocopy of a marriage or divorce certificate or a court decree are acceptable.
   - A copy of the survivor's death certificate. A certified photocopy of a death certificate is acceptable.
5. Include an English translation of all foreign documents.
6. Return the completed, signed, and dated form with all signatures and required documents and translations to INPRS at the address shown on this form.
7. This completed, signed, and dated form may be mailed, faxed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
8. Questions or changes? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

REQUIRED DOCUMENTS FOR PROCESSING

- If you are electing a new beneficiary on an option 30/B-1, 40/B-2, 50/B-3 or changing from an option 20/A-2, or 71/A-3 to an option 30/B-1, 40/B-2, 50/B-3, you must provide the following documents, as applicable. Your request cannot be processed without the appropriate documents.
- Members may not change a beneficiary if a final order or property settlement in an action for dissolution of marriage prohibits a change in the member's designated beneficiary or provides a right to beneficiary benefit to a person who would be removed as the designated survivor. (IC 5-10.2-4-7)
- The following may need to be submitted with this form to INPRS if not already submitted, as applicable.
- A copy of the death certificate of the current beneficiary or in case of divorce, the final divorce order or decree AND property settlement agreement.

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REQUIRED DOCUMENTS FOR PROCESSING *(Continued)*

- A copy of both the member's and member's spouse's birth certificate. Documents showing the date of birth and parents such as a certified copy of a birth certificate or a registration from the public health department; or other governmental entity or a court decree obtained under IC 34-28-1 and certified by the clerk of the court are acceptable.
- A copy of your marriage certificate or divorce decree. Documents showing the date of marriage such as a certified photocopy of a marriage or divorce certificate or a court decree are acceptable.
- A copy of the beneficiary's death certificate. A certified photocopy of a death certificate is acceptable.

MEMBER INFORMATION

Member name	Social Security number* *(Last 4 digits)*	Pension ID (PID) number
Address *(number and street)*	Telephone number with area code	Date of birth *(mm/dd/yyyy)*

City	State	ZIP Code	E-mail address

CHANGE OPTIONS

Select one

☐ I authorize an immediate change. No estimate needed.

☐ I do not want to change my pension option. I am submitting this form to change my beneficiary. Skip the CHANGE PENSION OPTION section and complete the CHANGE BENEFICIARY section of this form.

CHANGE PENSION OPTION

Select **only one** pension option. Your choice of pension option supersedes and replaces any previous selection. Pension Option 30 or Option 40 is not available if the beneficiary selected is non-spouse and there is more than a ten-year adjusted age difference.

☐ **OPTION 20 – NO GUARANTEE.** You will receive a monthly benefit for life, but there are no payments after your death. Complete the CHANGE OF BENEFICIARY, Option 20 section of this form, if applicable.

☐ **OPTION 30 – JOINT WITH FULL SURVIVOR BENEFITS.** You will be paid a monthly benefit for life. After your death, the same monthly benefit will be paid to your beneficiary for his or her life. Complete the CHANGE OF BENEFICIARY, Option 30, 40, or 50 section of this form, if applicable.

☐ **OPTION 40 – JOINT WITH TWO-THIRDS SURVIVOR BENEFITS.** You will be paid a monthly benefit for life. After your death, a monthly benefit in the amount of two-thirds of your benefit will be paid to your beneficiary for his or her life. Complete the CHANGE OF BENEFICIARY, Option 30, 40, or 50 section of this form, if applicable.

☐ **OPTION 50 – JOINT WITH ONE-HALF SURVIVOR BENEFITS.** You will be paid a monthly benefit for life. After your death, a monthly benefit in the amount of one-half of your benefit will be paid to your beneficiary for his or her life. Complete the CHANGE OF BENEFICIARY, Option 30, 40, or 50 section of this form, if applicable.

CHANGING YOUR RETIREMENT BENEFIT OPTION OR SURVIVOR

Changing your retirement option may have a significant impact on your monthly benefit.

You may change your retirement option or survivor at any time.

Refer to the REQUIRED DOCUMENTS FOR PROCESSING for details and requirements for survivor and retirement benefit options.

If you and your survivor are parties in an action for dissolution of marriage under IC 31-15-2 in which a final decree is issued and the decree or property settlement agreement does not preserve a right to a benefit to your former spouse or prohibits a survivor change, you may change your retirement benefit option and/or survivor.

If you are married and not a party to a dissolution of marriage, your spouse must consent to removal as survivor.

Spouse signature	Printed spouse name	Date (mm/dd/yyyy)

CHANGE BENEFICIARY

Your beneficiary designation supersedes and replaces any prior beneficiary designation that may have been made.

☐ I do not want to change my beneficiary. I am submitting this form to change my pension option. Complete the CHANGE PENSION OPTION section of this form.

PUBLIC EMPLOYEES' RETIREMENT FUND (PERF)/TEACHERS' RETIREMENT FUND (TRF) RETIRED MEMBER APPLICATION FOR CHANGE OF BENEFICIARY AND/OR PENSION OPTION

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Member name	Social Security number* *(Last 4 digits)*	Pension ID (PID) number

Option 30, 40, or 50

If you elect to change your pension OPTION 30, 40, or 50, you must provide the requested beneficiary information. You **must** submit a copy of a birth certificate or other eligible document that verifies the age of your beneficiary. You may designate **only one** person.

Beneficiary name *(first, middle initial, last)*		Social Security number *(last 4 digits)**	Date of birth *(mm/dd/yyyy)*
Address		Relationship to member	Home telephone number with area code
City	State	ZIP Code	E-mail address

Option 20

If you elect to change your pension OPTION 20, provide the requested beneficiary information.
A beneficiary receives benefits due upon the member's death according to the percent of benefit designated by the member.

Beneficiary name *(first, middle initial, last)*		Social Security number *(last 4 digits)**	Date of birth *(mm/dd/yyyy)*
Address		Relationship to member	Home telephone number with area code
City	State	ZIP Code	E-mail address

MEMBER AFFIDAVIT

This must be signed and dated by the member in the presence of a Notary Public.

I hereby submit this *Public Employees' Retirement Fund (PERF)/Teachers' Retirement Fund-(TRF) Retired Member Application for Change of Beneficiary and-or Pension Option (State Form 49432)* to the Public Employees' Retirement Fund and attest to the following:

- I am the person who completed this application.
- I have carefully read the form and understand the same, and I have read all of the information I have been provided with this application, including all instructions and supplemental documents.
- I have provided all of the information requested, and answered all questions fully and truthfully, and that I have not concealed or omitted any material fact.
- I understand that my choice of payment option supersedes and replaces any previous selection, if applicable.
- I understand that this survivor designation supersedes and replaces any prior survivor designation that may have been made, if applicable.
- I understand that changing my pension option and/or survivor designation may result in a reduced monthly benefit.
- I understand that members may not change a survivor if a final order or property settlement in an action for dissolution of marriage prohibits a change in the member's designated survivor or provides a right to survivor benefit to a person who would be removed as the designated survivor. (IC 5-10.2-4-7)
- I understand that the items listed in the REQUIRED DOCUMENTS FOR PROCESSING section of this form may be submitted with this form, as applicable.

Member 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 that person, being first duly sworn by me upon their 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)*

INSTRUCTIONS FOR COMPLETING

PUBLIC EMPLOYEES' RETIREMENT FUND (PERF)/TEACHERS' RETIREMENT FUND (TRF RETIRED MEMBER APPLICATION FOR CHANGE OF BENEFICIARY AND/OR PENSION OPTION

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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 on this form.
2. Type or print using black ink. Complete all information and place the Member name and Social Security number at the top of each page as requested.
3. Members may not change a survivor if a final order or property settlement in an action for dissolution of marriage prohibits a change in the member's designated survivor or provides a right to survivor benefit to a person who would be removed as the designated survivor. (IC 5-10.2-4-7)
4. The following may need to be submitted with this form to INPRS if not already submitted, as applicable.
   - A copy of both the member's and member's spouse's birth certificate. Documents showing the date of birth and parents such as a certified copy of a birth certificate or a registration from the public health department; or other governmental entity or a court decree obtained under IC 34-28-1 and certified by the clerk of the court are acceptable.
   - A copy of your marriage certificate or divorce decree. Documents showing the date of marriage such as a certified photocopy of a marriage or divorce certificate or a court decree are acceptable.
   - A copy of the survivor's death certificate. A certified photocopy of a death certificate is acceptable.
5. Include an English translation of all foreign documents.
6. Return the completed, signed, and dated form with all signatures and required documents and translations to INPRS at the address shown on this form.
7. This completed, signed, and dated form may be mailed, faxed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
8. Questions or changes? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

Select ONE (Required)	Select either PERF or TRF
Entry field	**Field description**
REQUIRED DOCUMENTS FOR PROCESSING	
Read this section before completing and submitting this form.	
MEMBER INFORMATION	
Member name	Enter the complete name of the member. The member name must be on all submitted pages of this form.
Social Security number	Enter the last four digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's pension ID number.
Address, City, State ZIP Code	Enter the complete street address and/or mailing address of the member.
Home/Other telephone number	Enter the home and other telephone numbers with area codes.
E-mail address	Enter the member's e-mail address, if applicable.
CHANGE OPTIONS	
Select one	Select either ☐ I authorize an immediate change. No estimate needed. ☐ I do not want to change my pension option. I am submitting this form to change my beneficiary. Skip the CHANGE PENSION OPTION section and complete the CHANGE BENEFICIARY section of this form.
CHANGE PENSION OPTION	
Select **only one** pension option. Your choice of pension option supersedes and replaces any previous selection. Pension Option 30 or Option 40 is not available if the beneficiary selected is non-spouse and there is more than a ten-year adjusted age difference. .	
OPTION 20 – NO GUARANTEE	You will receive a monthly benefit for life, but there are no payments after your death. Complete the Option 20 section.
OPTION 30 – JOINT WITH FULL SURVIVOR BENEFITS	You will be paid a monthly benefit for life. After your death, the same monthly benefit will be paid to your beneficiary for his or her life. Complete the Option 30, 40, or 50 section.
OPTION 40 – JOINT WITH TWO-THIRDS SURVIVOR BENEFITS	You will be paid a monthly benefit for life. After your death, a monthly benefit in the amount of two-thirds of your benefit will be paid to your beneficiary for his or her life. Complete the Option 30, 40, or 50 section.
OPTION 50 – JOINT WITH ONE-HALF SURVIVOR BENEFITS	You will be paid a monthly benefit for life. After your death, a monthly benefit in the amount of one-half of your benefit will be paid to your beneficiary for his or her life. Complete the Option 30, 40, or 50 section.

INSTRUCTIONS FOR COMPLETING

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Entry field	Field description
CHANGING YOUR RETIREMENT BENEFIT OPTION OR SURVIVOR	
You may change your retirement option or survivor at any time. If you are married and not a party to a dissolution of marriage, your spouse must consent to removal as survivor.	
Spouse signature	If the spouse is being replaced as the beneficiary/survivor, the spouse must sign this form.
Printed spouse name	Enter the printed spouse name
Date	Enter the date. Format=mm/dd/yyyy
CHANGE BENEFICIARY	
Your beneficiary designation supersedes and replaces any prior beneficiary designation that may have been made.	
I do not want to change my beneficiary.	Check this box if this application is only for a pension option change.
Option 30, 40, or 50	
If you chose OPTION 30, 40, or 50, please provide the requested beneficiary information. You **must** submit a copy of a birth certificate or other eligible document that verifies the age of your beneficiary. **You may designate only one person.**	
Beneficiary name	Enter the beneficiary name. Format = First, middle initial, last
Social Security number*	Enter the beneficiary Social Security number (last 4 digits)*
Date of birth	Enter the beneficiary date of birth. Format = mm/dd/yyyy
Address	Enter the beneficiary address (mailing address)
Relationship to member	Enter the beneficiary relationship to the member
Home telephone number with area code	Enter the beneficiary home telephone number with area code
City, State, ZIP Code	Enter the beneficiary address city, state, ZIP Code.
E-mail address	Enter the beneficiary e-mail address, if applicable
Option 20	
If you elect to change your pension OPTION 20, provide the requested beneficiary information. A beneficiary receives benefits due upon the member's death according to the percent of benefit designated by the member.	
Beneficiary name	Enter the beneficiary name. Format = First, middle initial, last
Social Security number*	Enter the beneficiary Social Security number (last 4 digits)*
Date of birth	Enter the beneficiary date of birth. Format = mm/dd/yyyy
Address	Enter the beneficiary address (mailing address)
Relationship to member	Enter the beneficiary relationship to the member
Home telephone number with area code	Enter the beneficiary home telephone number with area code
City, State, ZIP Code	Enter the beneficiary address city, state, ZIP Code.
E-mail address	Enter the beneficiary e-mail address, if applicable
MEMBER AFFIDAVIT	
This section must be signed and dated by the applicant in the presence of a Notary Public. The applicant is attesting to the truthfulness of the statements made in this section about the information provided on this application.	
Member signature	The applicant must sign this section of the application, or the application cannot be processed. This must be signed and dated in the presence of the Notary Public.
Date	The applicant must date the application; format = mm/dd/yyyy.
NOTARY PUBLIC CERTIFICATION	
If you are requesting an estimate, the NOTARY PUBLIC CERTIFICATION section does not need to be completed. This application must be notarized before it can be processed by PERF. Take the form to a Notary Public with an active commission. The Notary will require that you affirm and provide proof that you are the person that completed this application. 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.	

Return the completed form with all signatures and required documents and translations to INPRS at the address shown on this form.

HELPFUL INFORMATION			
	INPRS/PERF/TRF	**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
		(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
Publications	PERF Hybrid Plan Member Handbook	IRS Publication 575, Pension and Annuity Information	
	TRF Hybrid Plan Member Handbook	IRS Publication 590, Individual Retirement Arrangements	