



**APPLICATION FOR CHANGE OF  
BENEFICIARY – ACTIVE MEMBER  
(Employee Contribution Account)**

State Form 53962 (R5 / 3-22)

**INDIANA PUBLIC RETIREMENT SYSTEM  
EXCISE, GAMING, AND CONSERVATION  
OFFICERS' RETIREMENT PLAN**  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (844) GO-INPRS (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 any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
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, signed, and dated form may be faxed, mailed, or 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? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

**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 the Excise, Gaming, and Conservation Officers' Retirement Plan for this member.

You must nominate one primary beneficiary and one contingent beneficiary. You may name your spouse, mother, father or unmarried child under age 18. A primary beneficiary will receive all benefits due upon the member's death. A contingent beneficiary will receive all benefits due upon the member's death only if the designated primary beneficiary predeceases the member. 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 may be completed online using INPRS Online available to members on the INPRS web site located at [www.inprs.in.gov](http://www.inprs.in.gov).

**MEMBER INFORMATION**

Member's name		Social Security number ( <i>last 4 digits</i> )*		Pension ID (PID) number	
Address ( <i>number and street</i> )			Telephone number with area code		Other telephone number with area code
City		State	ZIP Code	E-mail address	

**PARTICIPANT SAVINGS FUND BENEFICIARY CHANGE**

Complete this section if you are making beneficiary designations for your Participant Savings Fund. This designation applies to your Participant Savings Fund only. No changes to any other account will be made using this form. It is important that you nominate one primary beneficiary and one contingent beneficiary.

**Participant Savings Fund Primary Beneficiary Designation**

The primary beneficiary designation listed in this section replaces all Participant Savings Fund beneficiary information submitted previously.

Primary beneficiary's name	Date of birth ( <i>mm/dd/yyyy</i> )	Social Security number*/Tax ID	Relationship to member

**Participant Savings Fund Contingent Beneficiary Designation**

The contingent beneficiary designation listed in this section replaces all Participant Savings Fund beneficiary information submitted previously.

Contingent beneficiary's name	Date of birth ( <i>mm/dd/yyyy</i> )	Social Security number*/Tax ID	Relationship to member

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

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

I nominate my beneficiary/beneficiaries as indicated on this form. If the primary beneficiary survives me, he/she shall receive all funds due from my participation in the Excise, Gaming, and Conservation Officers' Retirement Plan, if any. If the primary beneficiary does not survive me, then the contingent beneficiary shall receive such funds. If none survive me, then the beneficiary shall be my estate. If no designation is made, any death benefit due would be payable to my estate. No funds are payable to a nominated beneficiary or the estate if there is a survivor benefit payable.

I reserve the right to change the beneficiary or contingent beneficiary at any time prior to retirement by completing and submitting a *Change of Beneficiary* form to INPRS, or online by accessing my Member Account on the INPRS website located at [www.inprs.in.gov](http://www.inprs.in.gov). Such a change must be received and accepted by the fund for it to become effective.

I understand that this designation of beneficiary supersedes and replaces any prior nomination of beneficiary/beneficiaries that may have been made in the course of this or any other employment in a covered position with any other employer.

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

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Entry field	Field description
<b>MEMBER INFORMATION</b>	
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 mailing address of the member.
Daytime/evening telephone number	Enter telephone numbers including area codes for the member.
<b>PARICIPANT SAVINGS FUND BENEFICIARY CHANGE</b>	
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 complete 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.
<b>MEMBER AFFIDAVIT</b>	
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.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/EG&amp;C</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<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>