



**EXCISE, GAMING, & CONSERVATION
OFFICERS' (EG&C) RETIREMENT FUND
APPLICATION FOR CHANGE OF
BENEFICIARY – ACTIVE MEMBER
(Employee Contribution Account)**
State Form 53962 (R7 / 6-25)

**INDIANA PUBLIC RETIREMENT SYSTEM
EXCISE, GAMING, & CONSERVATION
OFFICERS' RETIREMENT FUND**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS, (844) 464-6777 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: 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 on this form.
2. Type or print using black ink. Complete all the 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 this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

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' (EG&C) Retirement Fund 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 receives all benefits due upon the member's death. A contingent beneficiary receives 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 website located at www.inprs.in.gov.

MEMBER INFORMATION

Member name		Social Security number (last 4 digits)*		Pension ID (PID) number
Address (number and street)		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 can be made using this form. It is important that you nominate one primary beneficiary and one contingent beneficiary. **Read the GENERAL INFORMATION section of this form before completing.**

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 name	Date of birth (mm/dd/yyyy)	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 name	Date of birth (mm/dd/yyyy)	Social Security number*/Tax ID	Relationship to member
		- -	

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Member name	Social Security number <i>(last 4 digits)*</i>	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, the primary beneficiary shall receive all funds due from my participation in the Excise, Gaming, and Conservation Officers' (EG&C) Retirement Fund, 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, signing, and submitting this form to INPRS, or online by accessing my Member Account on the INPRS website located at 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 signature	Date <i>(mm/dd/yyyy)</i>
Member printed name	
Witness signature	Date <i>(mm/dd/yyyy)</i>
Witness printed name	

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Entry field	Field description
MEMBER INFORMATION	
Member 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 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.
PARICIPANT SAVINGS FUND BENEFICIARY CHANGE	
Read the GENERAL INFORMATION section of this form before completing.	
Primary or Contingent beneficiary names	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.
MEMBER AFFIDAVIT	
Member 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/EG&C	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 Toll free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor