



REQUEST FOR SPOUSAL DATA

State Form 53769 (R4 / 5-23)

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
Website: 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.

GENERAL INFORMATION

1. Type or print using black ink, complete all information as requested.
2. This form is for the 1977 Fund, EG&C Plan, JRS (Judges), LEDB (LRS), and PARF. It does not apply to PERF or TRF.
3. 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.
4. Notifying your employer about this change does not make the change in all INPRS applications. This form must be submitted to INPRS to ensure this change.
5. If you have any changes to the information on this form such as name or address, contact Customer Service at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

FUND INFORMATION

Select one: 1977 Fund EG&C Plan JRS LEDB System PARF

MEMBER INFORMATION

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

Spouse's name	Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)
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MEMBER SIGNATURE

Member's signature	Date (<i>mm/dd/yyyy</i>)
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