INPRS

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MARITAL STATUS

Type or print using black ink, complete all information as requested.

Include this form with submission of your retirement application.

State Form 53769 (R3 / 2-13)

INDIANA PUBLIC RETIREMENT SYSTEM 1977 POLICE OFFICERS' AND FIREFIGHTERS' PENSION AND DISABILITY FUND

1 North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (888) 526-1687 (Toll-free) Fax: (866) 591-9441 (Toll-free) E-mail: <u>questions@inprs.in.gov</u> Web site: <u>www.inprs.in.gov</u>

* 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

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. If you have any changes to the information on this form such as name or address, contact Customer Service at (888) 526-1687, Monday - Friday, 8 a.m. - 8 p.m. EST. **MEMBER INFORMATION** Pension ID (PID) number Member's name Social Security number (last 4 digits)* Marital status (Check one): Married ☐ Single **SPOUSE INFORMATION** Spouse's name Social Security number* Date of birth (mm/dd/yyyy) **MEMBER SIGNATURE** Member's signature Date (mm/dd/yyyy)