



REQUEST FOR SPOUSAL DATA

State Form 53769 (R5 / 10-25)

INDIANA PUBLIC RETIREMENT SYSTEM

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)
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. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) to the address on this form.
2. Type or print using black ink, complete all information as requested.
3. This form is for the 1977 Fund, EG&C Plan, JRS (Judges), LEDB (LRS), and PARF. This form does not apply to PERF or TRF.
4. 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.
5. 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.
6. If you have questions or any changes to the information on this form such as name or address, contact Customer Service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

FUND INFORMATION

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

MEMBER INFORMATION

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

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

Member signature	Date (<i>mm/dd/yyyy</i>)
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**INSTRUCTIONS FOR
REQUEST FOR SPOUSAL DATA**

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IMPORTANT

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Entry field	Field description
FUND INFORMATION	
Select one	Select one Fund from the list provided.
MEMBER INFORMATION	
Member name	Enter the member's complete name.
Social Security number*	Enter the member's Social Security number, last 4 digits.
Pension ID (PID) number	Enter the member's pension ID.
SPOUSE INFORMATION	
Spouse name	Enter the spouse's complete name.
Social Security number*	Enter the spouse's complete Social Security number.*
Date of birth	Enter the spouse's date of birth. Format = mm/dd/yyyy.
MEMBER SIGNATURE	
Member signature	This form must be signed and dated by the member submitting the form.
Date	This form must be signed and dated by the member submitting the form. Format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the dependent's mailing address.

HELPFUL INFORMATION			
	INPRS	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) 232-3882 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