



APPLICATION FOR RETIREMENT BENEFITS

State Form 52696 (R5 / 5-13)

INDIANA PUBLIC RETIREMENT SYSTEM PROSECUTING ATTORNEYS' RETIREMENT 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: 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; disclosure is mandatory and this form will not be processed without it.

INSTRUCTIONS

1. Remove the 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. If not already submitted to INPRS, a copy of both the member's and beneficiary's birth certificate must be included with this form. Documents showing the date of birth and parents such as a copy of a birth certificate, or a registration from the public health department, or other governmental entity; or a court decree obtained under IC 34-28-1 and certified by the clerk of the court; or other evidence relating to date of birth, subject to board approval, are acceptable.
4. Include an English translation of all foreign documents.
5. 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.
6. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

MEMBER INFORMATION

Name	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number	
Address (<i>number and street</i>)	City	State	ZIP Code
Date of application (<i>mm/dd/yyyy</i>)	Date of birth (<i>mm/dd/yyyy</i>)		

RETIREMENT DATE

Effective date of retirement benefits: This date can be no earlier than the first day of the month following the last day in pay status, but not prior to six (6) months before the Public Employees' Retirement Fund Board of Trustees receives your completed application. If your benefits will not begin the month following your termination from employment, please specify the future date.	Retirement date (<i>mm/01/yyyy</i>)
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SPOUSE INFORMATION

Name	Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)
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EMPLOYER CERTIFICATION OF LAST DAY IN PAY STATUS

Federal law prohibits the Prosecuting Attorneys' Retirement Fund (PARF) from making distributions from the Fund prior to "separation from employment." Uninterrupted service in any capacity or reemployment that is a continuation of employment will prevent PARF from making distributions to the employee from the Fund.

Last day in pay status is the last day for which this employee was entitled to receive his or her regular wages. It will typically not be the last check date. Regular wages paid may include pay for a day worked, a sick day, vacation day or another paid leave permitted under your personnel policy. The last day in pay status is needed to process this member's benefit.

Last day in pay status (<i>mm/dd/yyyy</i>)	Did the employer-employee relationship extend beyond the last day in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain:

I hereby certify that the above information is true and accurate to the best of my knowledge and that I am the individual formally authorized to accept any pension liability for and on behalf of the governing body of this employer. I understand that any error in this certification of service can only be corrected prior to the processing of the member's benefit application.

Signature of authorized agent	Date (<i>mm/dd/yyyy</i>)
Printed name	Title

Name	Social Security number (last 4 digits)*	Pension ID (PID) number
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DECLARATION

I have carefully read the form and I understand it. All of the information I have provided and the questions I have answered are full, complete, and true, and no material fact has been concealed or omitted.

Pursuant to IC 33-39-7-15, I certify that I am at least sixty-two (62) years of age and have at least eight (8) years of creditable service in this fund.

Applicant's signature	Date (mm/dd/yyyy)
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Printed name

NOTARY PUBLIC CERTIFICATION

State of _____ SS: _____

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____,
Officer's county of residence Officer's state of residence

personally appeared _____ and he/she, being first duly sworn by me upon his/her oath,
Name of person

say that the facts alleged in the foregoing instrument are true. SEAL

Signed and sealed this _____ day of _____, 20____. _____
Signature

My commission expires: _____
Date (mm/dd/yyyy) Name of officer (printed or typed)

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APPLICATION FOR RETIREMENT BENEFITS**

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Entry field	Field description
MEMBER INFORMATION	
Name	Enter the member's complete name.
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 (PID) number.
Address, city, state, ZIP code	Enter the member's street or mailing address.
Date of application	Enter the application date; format = mm/dd/yyyy.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.
RETIREMENT DATE	
Retirement date	Enter the member's retirement date beginning on the first day of the month; format – mm/dd/yyyy.
SPOUSE INFORMATION	
Name	Enter the spouse's complete name.
Social Security number	Enter the spouse's Social Security number.
Date of birth	Enter the spouse's date of birth; format = mm/dd/yyyy.
EMPLOYER CERTIFICATION OF LAST DAY IN PAY STATUS	
Last day in pay status	Enter the last day in pay status; format – mm/dd/yyyy.
Employer-employee relationship	Choose yes or no.
Explanation	Enter an explanation if yes is answered above.
Applicant signature and date	This section must be signed and dated by the authorized agent; format = mm/dd/yyyy.
Printed name of applicant	Enter the authorized agent's printed name.
Title	Enter the authorized agent's title.
DECLARATION	
Member signature and date	This section must be signed and dated by the member; format = mm/dd/yyyy.
NOTARY PUBLIC CERTIFICATION	
This form must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm that you are the named person on the form. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.	

HELPFUL INFORMATION			
	INPRS/PARF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor