# INPRS INDIANA PUBLIC RETUREMENT SYSTEM

### **APPLICATION FOR SURVIVOR BENEFITS**

State Form 53670 (R7 / 9-22)

## INDIANA PUBLIC RETIREMENT SYSTEM PROSECUTING ATTORNEYS' RETIREMENT FUND (PARF)

One North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (844) GO-INPRS (Toll-free) Fax: (866) 591-9441 (Toll-free) E-mail: guestions@inprs.in.gov

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.

### **INSTRUCTIONS**

- 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 on this form.
- 2. Type or print using black ink. Include an English translation of all foreign documents.
- 3. If not already submitted to INPRS, the following information must be attached to this application:
  - a. Member's death certificate
  - b. Birth Certificates for surviving spouses and dependent children. Not required for the deceased member. 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.
  - c. Marriage license for surviving spouses, provide documents showing the date of marriage, such as a photocopy of a marriage certificate or a court decree are acceptable.
- 4. This completed, signed, dated, and notarized 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.
- 5. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

	DE	ECEASED MEME	BER	INFORMATION			
Name			Social Security number (last 4 digits)*			Pension ID (PID) number	
Address (number and street)			1	City		State	ZIP Code
Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)					
		SURVIVOR II	NFOI	RMATION			
Name		Social Security number*					
Address (number and street)			l	City		State	ZIP Code
Date of birth (mm/dd/yyyy)	Mai	iage date to member, if applicable (mm/dd/yyyy) Telephor			one number with area code		
Survivor's signature		Date (m.		m/dd/yyyy)			
	ı	NOTARY PUBLIC	CE	RTIFICATION			
State of		_					
County of		SS:		SEAL			
Before me the undersigned, a					of residence		
personally appeared	Name o	of person	a	nd the applicant, being fi	rst duly s	worn by me	upon
the applicant's oath, say that t	he facts alleged ir	n the foregoing inst	rumer	nt are true.			
Signed and sealed this	day of	, 20		Signature			
My commission expires:				Name of officer (printed or t	typed)		

#### **IMPORTANT**

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- 2. Type or print using black ink. Include an English translation of all foreign documents.
- If not already submitted to INPRS, the following information must be attached to this application:
  - a. Member's death certificate
  - b. Birth Certificates for surviving spouses and dependent children. Not required for deceased member. 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.
  - c. Marriage license for surviving spouses, provide documents showing the date of marriage, such as a photocopy of a marriage certificate or a court decree are acceptable.
- 4. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this 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.
- 5. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

Entry field	Field description				
DECEASED 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 mailing address.				
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.				
Date of death	Enter the member's date of death; format = mm/dd/yyyy.				
SURVIVOR INFORMATION					
Name	Enter the survivor's full name.				
Social Security number*	Enter the survivor's complete Social Security number.				
Last address, City, State, ZIP Code	Enter the survivor's mailing address.				
Telephone number/Other telephone number	Enter the survivor's telephone numbers including area codes.				
Date of birth	Enter the survivor's birth date; format = mm/dd/yyyy.				
Date of marriage to member	Enter the member's and surviving spouse's marriage date; format =				
	mm/dd/yyyy, if applicable				
Survivor's signature	The survivor must sign and date this section of the form; format = mm/dd/yyyyy.				
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	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local				
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions				
		(800) 829-4059 TDD (hearing	(317) 232-4952 TDD (hearing				
		impaired)	impaired)				
			(317) 233-2329 Fax				
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor				