



**APPLICATION FOR SURVIVOR BENEFITS**  
 State Form 53671 (R7 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM  
 LEGISLATORS' DEFINED BENEFIT PLAN**  
 One North Capitol Avenue, Suite 001  
 Indianapolis, IN 46204-2014  
 Telephone: (844) GO-INPRS (Toll-free)  
 Fax: (866) 591-9441 (Toll-free)  
 E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://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.

**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 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 – this must bear the seal of the Medical Examiner or the Department of Health, a certified copy is acceptable.
  - b. Birth Certificate - the surviving spouse's birth certificate – 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 – documents showing the date of marriage, such as a certified 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.

**DECEASED MEMBER INFORMATION**

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

**SURVIVING SPOUSE INFORMATION**

Name	Social Security number*		
Address <i>(number and street)</i>	City	State	ZIP Code
Date of birth <i>(mm/dd/yyyy)</i>	Marriage date to member <i>(mm/dd/yyyy)</i>	Telephone number with area code	
Signature of spouse			Date <i>(mm/dd/yyyy)</i>

**NOTARY PUBLIC CERTIFICATION**

State of \_\_\_\_\_

SS: SEAL

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 the applicant, being first duly sworn by me upon

Name of person

the applicant oath, say that the facts alleged in the foregoing instrument are true.

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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Entry field	Field description
<b>DECEASED MEMBER INFORMATION</b>	
Member's 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.
Last 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.
<b>SURVIVING SPOUSE INFORMATION</b>	
Spouse's name	Enter the surviving spouse's full name.
Social Security number*	Enter the surviving spouse's Social Security number.
Last address, City, State, ZIP Code	Enter the surviving spouse's mailing address.
Telephone number/Other telephone number	Enter the surviving spouse's telephone numbers including area codes.
Date of birth	Enter the surviving spouse'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.
Spouse's signature	The surviving spouse must sign and date this section of the form; format = mm/dd/yyyy.
<b>NOTARY PUBLIC CERTIFICATION</b>	
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.	

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/LRS</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(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 impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>