



TRANSFER UNDER THE INDIANA UNIFORM TRANSFERS TO MINORS ACT

State Form 53674 (R2 / 4-13)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & 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: 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 3405; disclosure is mandatory and this form cannot be processed without it.

INSTRUCTIONS
<ol style="list-style-type: none"> 1. Remove any 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 and Social Security number at the top of each page as requested. 3. 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. 4. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

DECEASED MEMBER INFORMATION		
Member's name	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number

CUSTODIAN INFORMATION			
Custodian's name			
Address (<i>number and street</i>)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

MINOR INFORMATION			
Minor's name			Social Security number *
Address (<i>number and street</i>)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

TRANSFER INFORMATION	
The Indiana Public Retirement System hereby transfers to _____, as custodian for <div style="text-align: right; margin-right: 100px;"><i>Custodian's name</i></div> _____ under the Indiana Uniform Transfers to Minors Act (<i>IC 30-2-8.5</i>), the following: <div style="margin-left: 50px;"><i>Minor's name</i></div>	
List assets being transferred:	
The assets from this survivor benefit payment shall be held for the benefit of _____, <div style="text-align: right; margin-right: 100px;"><i>Minor's name</i></div> who is the legal beneficiary of this payment from the 1977 Police Officers' & Firefighters' Pension & Disability Fund.	
INPRS Chief Operating Officer's signature	Date (<i>mm/dd/yyyy</i>)
INPRS Deputy Director's or designee's signature	Date (<i>mm/dd/yyyy</i>)

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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CUSTODIAN AFFIDAVIT

By signing below, I, _____, as custodian for _____ under the Indiana
Custodian's name *Minor's name*
 Uniform Transfers to Minors Act (IC 30-2-8.5), acknowledge receipt of the property described in the form and agree to hold said
 proceeds for the exclusive benefit of _____. In consideration of the monthly benefit payment to me on
 behalf of _____, I, _____, on behalf of myself, my estate, heirs, successors, and
Minor's name *Custodian's name*
 assigns, hereby release INPRS from any and all claims, demands, causes of action, or suits that may exist or might be asserted in
 connection with said payment.

Custodian's signature	Date (mm/dd/yyyy)
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NOTARY PUBLIC CERTIFICATION

State of _____
 County of _____ SS: SEAL
 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.
 Signed and sealed this _____ day of _____, 20_____.

Signature
 My commission expires: _____

Date (mm/dd/yyyy) *Name of officer (printed or typed)*

IC 30-2-8.5

**INSTRUCTIONS FOR
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IMPORTANT

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2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. 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.
4. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
DECEASED MEMBER INFORMATION	
Deceased member's name	Enter the complete name of the deceased member.
Social Security number	Enter the last 4 digits of the deceased member's Social Security number.
Pension ID (PID) number	Enter the deceased member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
CUSTODIAN INFORMATION	
Custodian's name	Enter the complete name of the custodian.
Address, City, State, ZIP Code	Enter the custodian's street or mailing address.
MINOR INFORMATION	
Minor's name	Enter the complete name of the minor.
Social Security number	Enter the complete Social Security number for the minor.
Address, City, State, ZIP Code	Enter the minor's street or mailing address.
TRANSFER INFORMATION	
Custodian's name	Enter the custodian's name wherever requested.
Minor's name	Enter the minor's name wherever requested.
List assets being transferred	Enter a description of the assets being transferred to the custodian on behalf of the minor.
INPRS Chief Operating Officer's signature and date	The INPRS Chief Operating Officer must sign and date this form; format = mm/dd/yyyy.
INPRS Deputy Director's or designee's signature and date	The INPRS Deputy Director or a designee must sign and date this form; format = mm/dd/yyyy.
CUSTODIAN AFFIDAVIT	
Custodian's name	Enter the custodian's name wherever requested.
Minor's name	Enter the minor's name wherever requested.
Custodian's signature and date	The custodian must sign and date this section of the form; 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.	

CHANGES TO INFORMATION: If you have any changes to the information on this form such as name or address, contact Customer Service, Toll-free at (888) 526-1687. Hours of operation are from 8 a.m. to 8 p.m., Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays.

HELPFUL INFORMATION			
	INPRS/1977 FUND	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 (Toll-free)	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired) (Toll-free)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor