



TRANSFER UNDER THE INDIANA UNIFORM TRANSFERS TO MINORS ACT (UTMA)

State Form 53674 (R7 / 1-25)

INDIANA PUBLIC RETIREMENT SYSTEM

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
 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

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 on this form.
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, 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.
4. Questions? Call customer service, Toll-free, at (844) GO-INPRS, Monday through Friday.

DECEASED MEMBER INFORMATION

Deceased member name	Social Security number*(last 4 digits)	Pension ID (PID) number
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CUSTODIAN INFORMATION

Custodian name			
Address (number and street)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

MINOR INFORMATION

Minor name	Social Security number *		
Address (number and street)	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
Custodian name
 _____ under the Indiana Uniform Transfers to Minors Act ([IC 30-2-8.5](#)), the following:
Minor name

List assets being transferred:

The assets from this survivor benefit payment shall be held for the benefit of _____,
Minor name
 who is the legal beneficiary of this payment from the Indiana Public Retirement System. Such transfer may only be made to the Custodian listed herein under and subject to the Uniform Transfers to Minors Act (UTMA).

INPRS Chief Benefits Officer signature	Date (mm/dd/yyyy)
INPRS Deputy Director or designee signature	Date (mm/dd/yyyy)

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Deceased member 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 name *Minor name*
Uniform Transfers to Minors Act, 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
Minor name
_____, I, _____, on behalf of myself, my estate, heirs, successors, and
Minor name *Custodian 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 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 the custodian, being first duly sworn by me upon the
Name of person
custodian's 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)*

[IC 30-2-8.5](#)

**INSTRUCTIONS FOR
TRANSFER UNDER THE INDIANA UNIFORM TRANSFERS TO MINORS ACT**

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IMPORTANT

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the on this form.
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, 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.
4. Questions? Call customer service, Toll-free, at (844) GO-INPRS, Monday through Friday.

Entry field	Field description
DECEASED MEMBER INFORMATION	
Deceased member 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 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 name	Enter the complete name of the custodian.
Address, City, State, ZIP Code	Enter the custodian's mailing address.
MINOR INFORMATION	
Minor 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 mailing address.
TRANSFER INFORMATION	
Custodian name	Enter the custodian's name wherever requested.
Minor 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 Benefits Officer signature and date	The INPRS Chief Benefits Officer must sign and date this form; format = mm/dd/yyyy.
INPRS Deputy Director or designee signature and date	The INPRS Deputy Director or a designee must sign and date this form; format = mm/dd/yyyy.
CUSTODIAN AFFIDAVIT	
Custodian name	Enter the custodian's name wherever requested.
Minor name	Enter the minor's name wherever requested.
Custodian 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 (844) GO-INPRS, Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays.

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
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired) (Toll-free)	(317) 232-4952 TDD (hearing impaired)
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor