



CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT (FOR NON-SPOUSE)

State Form 53685 (R3 / 5-13)
 Approved by State Board of Accounts, 2013

**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

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
3. This claim must be completed by the beneficiary, distribute or duly appointed administrator of the deceased member's estate. If a claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number.
4. If not already submitted to INPRS, a copy of both the member's and applicant'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; 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 are acceptable.
5. If not already submitted to INPRS, a copy of the member's Social Security card must be included with this form.
6. If not already submitted to INPRS, a copy of the member's death certificate must be included with this form.
7. Include an English translation of all foreign documents.
8. The child(ren) of the deceased member must complete page three (3) of this form.
9. 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.
10. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

DECEASED MEMBER INFORMATION

Deceased member's 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 birth (<i>mm/dd/yyyy</i>)		Date of death (<i>mm/dd/yyyy</i>)			

APPLICANT INFORMATION

Applicant'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	E-mail address		

I hereby certify that, to the best of my knowledge, I am the (*check one*):

- beneficiary
 distributee
 administrator of the deceased member's estate.

I, having been sworn, hereby submit this Claim for \$12,000 Lump Sum Death Benefit Claim and say under oath that:

- I am the person who completed this application;
- I have carefully read the form and understand the same, and that I have read all of the information I have been provided with this application, including all instructions and supplemental documents;
- All the information I have provided and the questions I have answered are full, complete and true, and no material facts have been concealed or omitted.

Signature of applicant	Printed name	Date (<i>mm/dd/yyyy</i>)
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Deceased member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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NOTARY PUBLIC CERTIFICATION

State of _____
County of _____

SS:

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)

STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION

Indiana income tax withholding for Indiana residents is optional on payments from the Fund. If you are an Indiana resident and want to have Indiana tax withheld at this time, provide a flat, whole dollar amount to be withheld on the *Annuitant's Request for State and County Income Tax Withholding* (State Form 37365) Form WH-4P (<https://forms.in.gov/Download.aspx?id=2464>).

Indiana residents: Check box 1 below if you are an Indiana resident and would like to have Indiana income tax withheld from the taxable portion of your distribution. Your decision not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.

Non-residents: Check box 2 if you are not a resident of Indiana. INPRS does **not** withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax advisor to determine whether state tax applies to their situation.

You should consult the IRS or a professional tax advisor if you need further information about the taxes on your payments.

- 1. I am an Indiana resident and would like to have Indiana state and county income tax withheld from the taxable portion of my distribution in the amount listed on the Indiana state tax form, *Annuitant's Request for State and County Income Tax Withholding (State Form 37365) Form WH-4P*.
- 2. I am not a resident of Indiana.
- 3. I am a resident of Indiana and I do not want Indiana income tax withheld from my distribution.

Signature of applicant	Printed name	Date (mm/dd/yyyy)
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EMPLOYER CERTIFICATION

Employer's name	Employer account number	Telephone number with area code	
Address (number and street)			
City	State	ZIP Code	E-mail address
I hereby certify that the last day in pay status for _____, _____, Member name Social Security number was _____. Date (mm/dd/yyyy)			
Authorized agent's signature	Authorized agent's name (printed)	Date (mm/dd/yyyy)	

**AFFIDAVIT FOR 1977 FUND \$12,000 DEATH BENEFIT CLAIM
 UNDER THE PROVISIONS OF IC 36-8-8-16**

Part of State Form 53685 (R3 / 5-13)

DECEASED MEMBER INFORMATION			
Deceased member's name	Social Security number*	Date of death (mm/dd/yyyy)	
Address (number and street)	City	State	Zip

AFFIANT INFORMATION			
Applicant's name	Social Security number*	Date of birth (mm/dd/yyyy)	
Address (number and street)	City	State	Zip

SWORN STATEMENT

Comes now, _____, the affiant herein, being duly sworn, says:
Name
 The following person(s) is / are the only child(ren) of the above member (list all children, including yourself):

Name	Address (number, street, city, state, and ZIP)

I have notified each person identified in this affidavit of my intention to present this affidavit.

Signature of affiant	Printed name	Date (mm/dd/yyyy)
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I, having been sworn, hereby submit this Affidavit for 1977 Fund \$12,000 Death Benefit Claim and say under oath that:

- I am the person who completed this application;
- I have carefully read the form and understand the same, and that I have read all of the information I have been provided with this application, including all instructions and supplemental documents;
- All the information I have provided and the questions I have answered are full, complete and true, and no material facts have been concealed or omitted therefrom.

Signature of affiant	Printed name	Date (mm/dd/yyyy)
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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)*

**INSTRUCTIONS FOR
CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT (FOR NON-SPOUSE)**

State Form 53685 (R3 / 5-13)
Approved by State Board of Accounts, 2013

IMPORTANT

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS).
2. Type or print using black ink
3. This claim must be completed by the beneficiary, distributee or duly appointed administrator of the deceased member's estate. If a claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number.
4. If not already submitted to INPRS, a copy of both the member's and applicant'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; 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 are acceptable.
5. If not already submitted to INPRS, a copy of the member's Social Security card must be included with this form.
6. If not already submitted to INPRS, a copy of the member's death certificate must be included with this form.
7. Include an English translation of all foreign documents.
8. The child(ren) of the deceased member must complete page three (3) of this form.
9. 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.
10. 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 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 deceased member's street or mailing address at time of death.
Date of birth	Enter the deceased member's date of birth; format = mm/dd/yyyy.
Date of death	Enter the deceased member's date of death; format = mm/dd/yyyy.
APPLICANT INFORMATION	
Applicant's name	Enter the complete name of the applicant.
Social Security number	Enter the applicant's Social Security number.
Address, City, State, ZIP Code	Enter the applicant's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the applicant.
E-mail address	Enter the applicant's e-mail address, if applicable.
Applicant type	Select one description of the applicant's role.
Applicant's signature	The applicant must sign this section of the form.
Date	The applicant must include the date the form was signed; 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.	
STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION	
Income tax election	Select one withholding choice.
Applicant's signature	The applicant must sign this section of the form.
Date	The applicant must include the date the form was signed; format = mm/dd/yyyy.
EMPLOYER CERTIFICATION	
Employer's name	Enter the full name of the current employer.
Employer account number	This is the employer's account number with INPRS/PERF.
Telephone number	Enter the employer's telephone number with area code.
Employer's address	Enter the employer's street or mailing address, city, state, and ZIP Code.
E-mail address	Enter the employer's e-mail address
Declaration	Enter the member's name, Social Security number and last day in pay status.
Authorized agent's signature	The authorized agent must sign this section of the form.
Authorized agent's printed name	Enter the authorized agent's printed name.
Date	The authorized agent must enter the date the form was signed; format = mm/dd/yyyy.

**INSTRUCTIONS FOR
AFFIDAVIT FOR 1977 FUND \$12,000 DEATH BENEFIT CLAIM
UNDER THE PROVISIONS OF IC 36-8-8-16**

Part of State Form 53685 (R3 / 5-13)

Entry field	Field description
DECEASED MEMBER INFORMATION	
Deceased member's name	Enter the complete name of the deceased member.
Social Security number	Enter the deceased member's Social Security number.
Date of death	Enter the deceased member's date of death; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the deceased member's street or mailing address at time of death.
AFFIANT INFORMATION	
Affiant's name	Enter the complete name of the affiant.
Social Security number	Enter the affiant's Social Security number.
Date of birth	Enter the affiant's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the affiant's street or mailing address.
SWORN STATEMENT	
Affiant's name	Enter the complete name of the affiant.
Child's name	Enter each child's full name.
Child's address	Enter each child's address.
Affiant's signature	The affiant must sign this section of the form.
Affiant's printed name	Enter the affiant's printed name.
Date	The affiant must enter the date the form was signed; 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/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	(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