Reset Form

APPLICATION FOR SURVIVOR BENEFITS FOR A SPOUSE ELIGIBLE FOR DECEASED MEMBER'S PENSION AND ANNUITY SAVINGS ACCOUNT

State Form 3424 (R7 / 3-12)

Approved by State Board of Accounts, 2011

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT 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; disclosure is mandatory and this form will not be processed without it.

INSTRUCTIONS:

1. *Please type or print. Use black ink.*
2. *Complete all information.*
3. *If not already submitted to PERF, 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. *Both the member's and the applicant's birth certificates - documents showing the date of birth, such as a photocopy of a certified birth certificate, a baptismal or confirmation certificate, or a court decree 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. *Attach an English translation to any foreign language document.*
5. *Return the completed form directly to PERF at the above address.* ***Do not return the instruction or tax notice pages.***

STEP 1 - MEMBER INFORMATION

Social Security Number *	Date of birth (*month, day, year*)	Date of death (*month, day, year*)
Name of member (*first, middle initial, last*)		
Name of member's employer		

STEP 2 - APPLICANT INFORMATION

Social Security Number *	Date of application (*month, day, year*)	Date of birth (*month, day, year*)
Name (*first, middle initial, last*)		Date of marriage (*month, day, year*)
Address (*number and street, city, state, and ZIP code*)		
Home telephone number ( )	Other telephone number ( )	E-mail address

STEP 3 - ELECTION FOR THE MEMBER'S ANNUITY SAVINGS ACCOUNT

I elect the following distribution for the member's Annuity Savings Account. I understand that my choice for payment option cannot be changed after this form is received by PERF. By signing below, I acknowledge that I have read and understand this statement.

Signature of applicant	Date (*month, day, year*)
Printed name of applicant	

Select only one of the following payment options:

☐ **Option 1** - I elect to receive, as a part of my monthly benefit, the total amount of the member's Annuity Savings Account. I understand that I will not receive any other distribution from the member's Annuity Savings Account other than this monthly payment.

☐ **Option 2** - I elect to receive a distribution of an amount equal to the December 31, 1986, tax basis in the member's Annuity Savings Account as follows, and to receive the balance of the account as a part of my monthly benefit.

☐ **Option 3** - I elect a complete distribution of the member's Annuity Savings Account as follows (*select only one from each portion*):

Taxable portion *(Option 3 only)*

☐ Direct rollover ☐ Paid directly to me (less withholding) ☐ Partial rollover in the amount of $_____, balance (less withholding) paid to me.

Name of eligible 401(a), 403(b), or governmental 457(b) retirement plan or eligible IRA (*complete only if you select a rollover*).
(This must be the complete name of the eligible plan or eligible IRA as reported by the trustee to the Internal Revenue Service.)

December 31, 1986, tax basis *(Options 2 and 3)*

☐ Direct rollover ☐ Paid directly to me (less withholding) ☐ Partial rollover in the amount of $_____, balance (less withholding) paid to me.

Name of eligible defined contribution plan or eligible IRA (*complete only if you select a rollover*).
(This must be the complete name of the eligible plan or eligible IRA as reported by the trustee to the Internal Revenue Service.)

Name of applicant (*first, middle initial, last*)	Social Security Number *

STEP 4 - FEDERAL TAX WITHHOLDING ELECTIONS

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for Federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of Federal income tax. Please enter any additional Federal tax withholding election below. See the attached Special Tax Notice for additional information.

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

☐ I elect additional federal income tax withholding of $ _____.00.

STEP 5 - STATE TAX WITHHOLDING ELECTIONS

Indiana Residents - Indiana income tax withholding for Indiana residents is optional on payments from the Fund. If you are an Indiana resident and wish to have Indiana income tax withheld at this time, please provide a flat, whole dollar amount to be withheld. Please 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. Please note that your decision not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.

Non-residents - Please check Box 2 if you are not a resident of Indiana. Please note that PERF 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 distribution.

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

☐ Box 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.

Please note: You must also have state income tax withheld to elect county income tax withholding.

☐ Box 2: I am not a resident of Indiana.

☐ Box 3: I am a resident of Indiana and I do not want Indiana income tax withheld from my distribution.

STEP 6 - APPLICANT AFFIDAVIT

I, having been sworn, hereby submit this Application for Survivor Benefits 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;

I was married to the member at the time of the member's death and for at least two (2) years prior to the member's date of death.

Signature of applicant	Date (*month, day, year*)

STEP 7 - CERTIFICATION OF NOTARY PUBLIC

STATE OF _____

SS:

COUNTY OF _____

SEAL

Subscribed and sworn to before me, a notary public, in and for the state and county above named, by the said

_____, on this _____ day of _____, 20_____.
Printed name of applicant

Signature of notary public	Printed name of notary public
County of residence	Date commission expires (*month, day, year*)

Name of applicant (*first, middle initial, last*)	Social Security Number *

STEP 8 - TO BE COMPLETED BY THE MEMBER'S EMPLOYER - ***Your application will not be processed without this information.***

Name of employer	Account number of employer
Name of employee	Social Security Number *

SCHEDULE A - NON-SCHOOL EMPLOYERS

REPORT OF FINAL WAGES, TERMINATION, & SEVERENCE PAY

	Wages Paid	Mandatory Contributions		Voluntary Contributions	
		Employer Paid	Employee Paid	Pre-Tax	Post-Tax
Most recent prior quarter					
Final quarter					
Termination and severance pay					

SCHEDULE B - SCHOOL EMPLOYERS

Type of service (*check only one*)

☐ School year credit (full year) ☐ Contract year credit (full year) ☐ Service credit for time worked (partial year)

REPORT OF FINAL WAGES, TERMINATION, & SEVERENCE PAY

	Wages Paid	Mandatory Contributions		Voluntary Contributions	
		Employer Paid	Employee Paid	Pre-Tax	Post-Tax
Most recent prior quarter					
Final quarter					
Termination and severance pay					
Wages paid to fulfill the contract year					

CERTIFICATION OF EMPLOYER

The last day in pay status is the last day for which this employee was entitled to receive his or her daily rate of pay, whether it was a day worked, a sick or vacation day, or some other type of paid leave permitted under your personnel policy. Separation from employment may only occur on resignation, discharge, or death, and not on transfer, promotion, or otherwise continuing in the same or a different job (full or part time in any agency or department) for your employer.

If you answer yes to Item B, please attach an explanation including information (beginning and ending dates) for any period of unpaid leave or worker's compensation. If the relationship extended beyond the last day in pay status because a leave without pay was authorized, attach documentation dated at the time of the leave verifying that the leave was authorized. Please indicate the date of termination of the employer-employee relationship.

I hereby certify the following information for the above named employee:

A. The last day in pay status was _____.
month, day, year

B. Did the employer-employee relationship extend beyond the last day in pay status? ☐ Yes ☐ No

Signature of authorized agent	Date (*month, day, year*)

Printed name of authorized agent	Title