



APPLICATION FOR SURVIVOR BENEFITS FOR A SPOUSE ONLY ELIGIBLE FOR DECEASED MEMBER'S PENSION

State Form 46185 (R5 / 1-13)

Approved by State Board of Accounts, 2013

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 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. Complete all information and place the member's name and Social Security number at the top of each page as requested.
3. Include a certified copy of the member's death certificate. This must bear the seal of the Medical Examiner or the Department of Health.
4. Include both the member's and the applicant's birth certificates. 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.
5. Include proof of marriage. Acceptable documents are those showing the date of marriage such as a certified photocopy of a marriage certificate or a court decree.
6. Attach an English translation to any foreign language document.
7. 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.
8. Questions or changes? 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>)	Date of birth (<i>mm/dd/yyyy</i>)	Date of death (<i>mm/dd/yyyy</i>)
City	State	ZIP Code

APPLICANT INFORMATION

Applicant's name	Date of application (<i>mm/dd/yyyy</i>)		
Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)	Date of marriage (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

FEDERAL TAX WITHHOLDING ELECTION

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. The applicant must complete and submit with this form a copy of the *Withholding Certificate for Pension or Annuity Payments* (Form W4-P) available online at www.irs.gov/pub/irs-pdf/fw4p.pdf.

Please consult the IRS or a professional tax advisor for further information regarding taxes on your payments.

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

Deceased member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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STATE AND COUNTY TAX WITHHOLDING ELECTIONS

Box 1: Indiana Residents – Indiana income tax withholding for Indiana residents is optional on payments from INPRS. If you elect to have income tax withheld, please check Box 1 below if you are an Indiana resident and would like to have income tax withheld from the taxable portion of your distribution.

Choose Option 1 if you elect to have Indiana state income tax withheld. Provide a flat, whole dollar amount to be withheld.

Add Option 2 if you also elect to have Indiana county income tax withheld. Provide a flat, whole dollar amount to be withheld and the county applicable.

Box 2: Indiana Residents electing NOT to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.*

Box 3: Non-residents – Please check Box 3 if you are not a resident of Indiana. Please note that 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 distribution.

Please consult the IRS or a professional tax advisor for further information regarding taxes on your payments.

Box 1: I am an Indiana resident electing to have:

Option 1: Indiana state income tax withheld from the taxable portion of my distribution in the amount of \$ _____ .00.

Option 2: Indiana county income tax withheld from the taxable portion of my distribution in addition to Indiana state income tax in the amount of \$ _____ .00 for _____ County.

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

Box 2: Indiana resident electing NOT to have Indiana income tax withheld from distribution.

Box 3: Non-Indiana resident

APPLICANT AFFIDAVIT

I hereby submit this *Application for Survivor Benefits for a Spouse Only Eligible for Deceased Member's Pension* from the Indiana Public Employees' Retirement Fund and attest to the following:

- 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;
- I have provided all of the information requested 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.

Applicant's signature

Date (mm/dd/yyyy)

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 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)

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

This section is to be completed by the deceased member's employer. This application cannot be processed without this information.

Employee's name			Social Security number (last 4 digits)*
Employer's name			Employer number
Address			Telephone number with area code
City	State	ZIP Code	E-mail address

SCHEDULE A – NON-SCHOOL EMPLOYERS

REPORT OF FINAL WAGES, TERMINATION, AND 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, AND 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	\$	\$	\$	\$	\$

EMPLOYER CERTIFICATION

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, 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. Indicate the date of termination of the employer-employee relationship.

I hereby certify the following information for the named employee (deceased member):

A. The last day in pay status was _____
(mm/dd/yyyy)

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

Authorized representative's signature	Date (mm/dd/yyyy)
Printed name of authorized representative	Authorized representative's title

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IMPORTANT

1. Remove the instruction and information pages included with this form prior to returning the completed form to PERF at the address on this form.
2. Type or print using black ink. Complete all information and place the applicant's name and Social Security number at the top of each page as requested.
3. Include a certified copy of the member's death certificate. This must bear the seal of the Medical Examiner or the Department of Health.
4. Include both the member's and the applicant's birth certificates. Acceptable documents are those 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.
5. Include proof of marriage. Acceptable documents are those showing the date of marriage such as a certified photocopy of a marriage certificate or a court decree.
6. Attach an English translation to any foreign language document.
7. This completed form may be delivered to the lobby of the Indiana Public Retirement System 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.
8. Questions or changes? 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 deceased member's street or mailing address.
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.
Date of birth	Enter the applicant's date of birth; format = mm/dd/yyyy
Address, City, State, ZIP Code	Enter the applicant's street or mailing address.
Telephone/other telephone number	Enter telephone numbers including area codes for the applicant.
E-mail address	Enter the applicant's e-mail address, if applicable.
FEDERAL TAX WITHHOLDING ELECTIONS	
Eligible rollover distributions paid to you from the Fund are subject to mandatory federal income tax withholding. We will withhold twenty percent (20%) from the taxable portion of your distribution unless you elect a direct rollover. You can elect additional federal income tax withholding of a flat, whole dollar amount.	
STATE AND COUNTY TAX WITHHOLDING ELECTIONS	
Select the option that is most applicable to your situation. If you are an Indiana resident and want to have Indiana tax withheld at this time, you will need to provide a flat, whole dollar amount to be withheld. You are liable for payment of any tax due on the taxable portion of your distribution. You may also be subject to tax penalties under the State and federal estimated tax payment rules if your payments of estimated tax and withholding are not adequate. You should always seek qualified tax advice before making any decision affecting your potential tax liability.	
APPLICANT AFFIDAVIT	
Applicant's signature	The applicant 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.	
EMPLOYER INFORMATION	
Employee's name	Enter the complete name of the employee (deceased member).
Social Security number	Enter the employee's Social Security number.
Employer's name	Enter the full name of the employer.
Employer number	Enter the employer's PERF number.
Address	Enter the employer's street or mailing address, city, state, and ZIP Code.
E-mail address	Enter the employer's e-mail address
Telephone number	Enter the employer's telephone number with area code.
SCHEDULE A – NON-SCHOOL EMPLOYERS	
The employer must complete either Schedule A or Schedule B or the application will not be processed by INPRS.	

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Entry field	Field description
SCHEDULE B – SCHOOL EMPLOYERS	
The employer must complete either Schedule A or Schedule B or the application will not be processed by INPRS.	
EMPLOYER CERTIFICATION	
Authorized representative's signature	This form must be signed and dated by the employers' authorized representative.
Authorized representative's printed name	This form must include the printed name of the authorized representative.
Date	This form must be signed and dated by the employer's authorized representative.

HELPFUL INFORMATION			
	INPRS/PERF	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) (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