Reset Form

ELECTION TO BEGIN, CONTINUE OR DISCONTINUE RETIREMENT BENEFITS

State Form 54275 (R / 1-13)

INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 286-3544 (Toll-free)
Fax: (317) 232-3882
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. 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 or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

MEMBER INFORMATION

Member's name	Social Security number*	Pension ID (PID) number

Address	Telephone number with area code	Other telephone number with area code

City	State	ZIP Code	E-mail address

MEMBER ELECTION

IF YOU ARE ELECTING TO BEGIN BENEFITS,
YOU MUST COMPLETE AND SUBMIT A RETIREMENT APPLICATION WITH THIS FORM.

I hereby verify that pursuant to Indiana Code *(IC) 5-10.2-4-8.2*, the following:

1. Select the appropriate statement (*A, B or C*) and fill in the blanks.
   A. I am retired from the Public Employees' Retirement Fund (PERF) or the Teachers' Retirement Fund (TRF) and have been elected or appointed to an elected position covered by *IC 5-10.2-4-8.2*, namely

   _____ on _____, 20_____; or
   Position title and agency *Date of election or appointment*

   B. I turned 55 years of age on _____, 20_____, and earned 20 years of creditable service in either
   Date of 55th birthday

   TRF or PERF and I am now serving in an elected position, namely _____; or
   Position title

   C. I turned 70 years of age on _____, 20_____, and earned 20 years of creditable service in either
   Date of 70th birthday

   TRF and/or PERF.
2. I started receiving or became eligible to receive retirement benefits on: _____, 20____.
   Benefits starting date
3. I understand that if I **discontinue** receiving retirement benefits, I shall continue to make contributions as required in *IC 5-10.2-4-8.2*. However, if I elect to **begin** or **continue** receiving benefits, then I am **not required** to make contributions under *IC 5-10.2-4-8.2*, and I waive the accrual of service credit and the right to any supplemental benefit from service in the position.
4. I understand that my election to **begin**, **continue**, or **discontinue** retirement benefits is **irrevocable**.
5. I hereby irrevocably and freely elect to (*select one*) ☐ **begin**, ☐ **continue**, ☐ **discontinue** retirement benefits while serving in the covered position.

Member's signature	Date *(mm/dd/yyyy)*

Printed name of member

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Member's name	Social Security number*	Pension ID (PID) number

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)*

IC 5-10.2-4-8.2

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INSTRUCTIONS FOR

ELECTION TO BEGIN, CONTINUE OR DISCONTINUE RETIREMENT BENEFITS

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IMPORTANT

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Entry field	Field description
MEMBER INFORMATION	
Member's name	Enter the complete name of the member.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the 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.
MEMBER ELECTION	
IF YOU ARE ELECTING TO BEGIN BENEFITS, YOU MUST COMPLETE AND SUBMIT A RETIREMENT APPLICATION WITH THIS FORM.	
Statement A, B or C	Fill-in the blanks of the appropriate statement.
Benefit starting date	Fill-in your benefits starting date.
Irrevocable election	Mark the appropriate box.
Member's signature	Sign and date the form; format = mm/dd/yyyy,
Member printed name	Enter the member's printed name.
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/TRF	**INTERNAL REVENUE SERVICE**	**INDIANA DEPARTMENT OF REVENUE**
Telephone numbers	(888) 286-3544 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(317) 232-3882	(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

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