



## AFFIDAVIT FOR COURT-APPOINTED GUARDIAN OF A SURVIVING DEPENDENT PENSION BENEFIT

State Form 44513 (R5 / 5-13)

Approved by State Board of Accounts, 2013

**INDIANA PUBLIC RETIREMENT SYSTEM  
TEACHERS' RETIREMENT FUND**  
 1 North Capitol Avenue, Suite 001  
 Indianapolis, IN 46204-2014  
 Telephone: (888) 826-3544 (Toll-free)  
 Fax: (317) 232-3882 (Toll-free)  
 E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://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) to the address above.
2. Type or print using black ink.
3. **The guardian must submit documentation of the appointment (i.e., Letters of Guardianship from the court).**
4. 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.
5. 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*	Pension ID (PID) number	Date of death (mm/dd/yyyy)
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### SURVIVING DEPENDENT OR COURT-APPOINTED GUARDIAN OF MINOR DEPENDENT CERTIFICATION

I hereby certify that I am the court-appointed guardian\* of: \_\_\_\_\_,  
Name of dependent
 a minor or disabled surviving dependent child of the deceased member named in this document. Pursuant to my status, I am making application for the surviving dependent pension benefit due the surviving dependent provided by *Indiana Code (IC), Section 5-10.2-3-7.5*. The remaining balance in the member's Annuity Savings Account (ASA) and Rollover Savings Account (RSA), if applicable, is to be distributed to the designated beneficiary/beneficiaries.

**\* The guardian must submit documentation of the appointment (i.e., Letters of Guardianship from the court).**

Dependent's name	Social Security number*	Date of birth (mm/dd/yyyy)	
Address	City	State	ZIP Code
Guardian's name	Guardian's telephone number with area code		
Guardian or adult dependent's signature		Date (mm/dd/yyyy)	

### 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**

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Entry field	Field description
<b>DECEASED MEMBER INFORMATION</b>	
Member's name	Enter the member's complete name.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Date of death	Enter the member's date of death; format = mm/dd/yyyy.
<b>SURVIVING DEPENDENT OR COURT-APPOINTED GUARDIAN OF MINOR DEPENDENT CERTIFICATION</b>	
Dependent's name	Enter the dependent's complete name.
Dependent's name	Enter the dependent's complete name.
Social Security number	Enter the dependent's Social Security number.
Dependent's date of birth	Enter the dependent's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the dependent's street or mailing address.
Guardian's name	Enter the guardian's complete name.
Guardian's telephone number	Enter the guardian's telephone number including area code.
Guardian's signature	The member must sign and date this section of the form; format = mm/dd/yyyy.
<b>NOTARY PUBLIC CERTIFICATION</b>	
This application 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 the truth of all the information supplied on this application. 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.	

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/TRF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(888) 286-3544 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 232-3882 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
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>