



AFFIDAVIT FOR COURT-APPOINTED GUARDIAN OF A SURVIVING DEPENDENT RETIREMENT BENEFIT

State Form 44513 (R10 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
TEACHERS' RETIREMENT FUND**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 232-3882 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) to the address on this form.
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, signed, and date form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
5. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

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 retirement benefit due the surviving dependent provided by [Indiana Code \(IC\), Section 5-10.2-3-7.5](#). The remaining balance in the member's Defined Contribution Account (DC) 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 (number and street)	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 _____
County of _____ SS: _____ SEAL

Before me the undersigned, a Notary Public for _____ County, State of _____,
Officer's county of residence Officer's state of residence

personally appeared _____ and the applicant, being first duly sworn by me upon the
Name of person

applicant's oath, 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)

INSTRUCTIONS FOR AFFIDAVIT FOR COURT-APPOINTED GUARDIAN OF A SURVIVING DEPENDENT RETIREMENT BENEFIT

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IMPORTANT

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Entry field	Field description
DECEASED MEMBER INFORMATION	
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.
SURVIVING DEPENDENT OR COURT-APPOINTED GUARDIAN OF MINOR DEPENDENT CERTIFICATION	
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 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 or adult dependent's signature	The guardian or adult dependent must sign and date this section of the form; format = mm/dd/yyyy.
NOTARY PUBLIC CERTIFICATION	
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.	

HELPFUL INFORMATION			
	INPRS/TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(866) 232-3882 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor