Reset Form

APPLICATION FOR BENEFICIARY DESIGNATION FOR ACTIVE MEMBER

State Form 54276 (R4 / 4-15)

INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204
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 the instruction pages included with this application prior to returning the completed application to the Indiana Public Retirement System (INPRS) at the address shown on this form.
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 an English translation of all foreign documents.
4. This application must be signed and dated by the member, including any additional beneficiary designation pages.
5. This application must be witnessed by someone who is not a beneficiary.
6. 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.
7. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

INFORMATION

A fund member may designate one or more beneficiaries to receive in a lump sum of any owed member contributions plus interest if the fund member dies without receiving a retirement benefit, a disability benefit, without a survivor entitled to receive a benefit and without the board returning the fund member's contributions.

If you want to name additional beneficiaries, you may attach copies of the pages containing the necessary information. Be certain to indicate there are additional pages. Each page must be signed and dated by the member and witnessed by someone who is not a beneficiary.

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	

PRIMARY BENEFICIARY DESIGNATION

Beneficiary's name			Social Security number	Date of birth *(mm/dd/yyyy)*
Address			Telephone number with area code	
City	State	ZIP Code	Relationship to member	

Beneficiary's name			Social Security number	Date of birth *(mm/dd/yyyy)*
Address			Telephone number with area code	
City	State	ZIP Code	Relationship to member	

Beneficiary's name			Social Security number	Date of birth *(mm/dd/yyyy)*
Address			Telephone number with area code	
City	State	ZIP Code	Relationship to member	

☐ Check here if there are more than three (3) Primary Beneficiary Designations. Copy this page and include it with your submission.

SOI-F82

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

PRIMARY BENEFICIARY DESIGNATION *(Continued)*		
Member's signature		Date *(mm/dd/yyyy)*
Witness' signature	Printed witness' name	Date *(mm/dd/yyyy)*

CONTINGENT BENEFICIARY DESIGNATION				
Beneficiary's name			Social Security number	Date of birth *(mm/dd/yyyy)*
Address			Telephone number with area code	
City	State	ZIP Code	Relationship to member	

Beneficiary's name			Social Security number	Date of birth *(mm/dd/yyyy)*
Address			Telephone number with area code	
City	State	ZIP Code	Relationship to member	

Beneficiary's name			Social Security number	Date of birth *(mm/dd/yyyy)*
Address			Telephone number with area code	
City	State	ZIP Code	Relationship to member	

☐ Check here if there are more than three (3) Contingent Beneficiary Designations. Copy this page and include it with your submission.		
Member's signature		Date *(mm/dd/yyyy)*
Witness' signature	Printed witness' name	Date *(mm/dd/yyyy)*

MEMBER AFFIDAVIT	
In accordance with the provisions of Indiana Code § 36-8-8-24, I designate my beneficiary or beneficiaries as shown on this application. If the primary beneficiary or beneficiaries herein designated survive me, they shall receive a lump sum of any owed member contributions plus interest if I die without receiving a retirement benefit, a disability benefit, without a survivor entitled to receive a benefit and without the board returning the fund member's contributions [IC 36-8-8-24 (a)(4)]. If the primary beneficiary or beneficiaries do not survive me, then the contingent beneficiary or beneficiaries shall receive such funds. If none survive me, then the beneficiary shall be my estate. If no designation is made, any monies due would be payable to my estate. I reserve the right to change the primary or contingent beneficiaries at any time prior to my retirement, disability retirement, or death by filing a *Change of Beneficiary* (State Form 1856) with the Board of Trustees of the Fund. Such a change must be received and accepted by the Fund for it to become effective.	
Member's signature	Date *(mm/dd/yyyy)*

INSTRUCTIONS FOR

APPLICATION FOR DESIGNATION OF BENEFICIARY FOR ACTIVE MEMBER

State Form 54276

IMPORTANT

1. Remove the instruction pages included with this application prior to returning the completed application to the Indiana Public Retirement System (INPRS) at the address shown on this form.
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 an English translation of all foreign documents.
4. This application must be signed and dated by the member, including any additional beneficiary designation pages.
5. This application must be witnessed by someone who is not a beneficiary.
6. 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.
7. 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
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.
PRIMARY BENEFICIARY DESIGNATION	
Beneficiary's name	Enter the beneficiary's name: first, middle, and last names.
Social Security number	Enter the beneficiary's Social Security number.
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the beneficiary's street or mailing address
Telephone number	Enter the telephone number including area code for the beneficiary.
Relationship to member	Enter the relationship the beneficiary has to the member
Check here if more than three	Check the checkbox if additional pages of Primary Beneficiaries are included.
Member's signature	The member must sign and date this section of the application.
Date	The member must include the date the application was signed; format = mm/dd/yyyy.
Witness' signature	The witness must sign and date this section of the application. The witness must be someone other than a named beneficiary.
Printed witness' name	Enter the witness' name, printed.
Date	The witness must include the date the application was signed; format = mm/dd/yyyy.
CONTINGENT BENEFICIARY DESIGNATION	
Beneficiary's name	Enter the beneficiary's name: first, middle, and last names.
Social Security number	Enter the beneficiary's Social Security number.
Date of birth	Enter the beneficiary's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the beneficiary's street or mailing address
Telephone number	Enter the telephone number including area code for the beneficiary.
Relationship to member	Enter the relationship the beneficiary has to the member
Check here if more than three	Check the checkbox if additional pages of Contingent Beneficiaries are included.
Member's signature	The member must sign and date this section of the application.
Date	The member must include the date the application was signed; format = mm/dd/yyyy.
Witness' signature	The witness must sign and date this section of the application. The witness must be someone other than a named beneficiary.
Printed witness' name	Enter the witness' name, printed.
Date	The witness must include the date the form was signed; format = mm/dd/yyyy.
MEMBER AFFIDAVIT	
Member's signature	The member must sign and date this section of the application.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.

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)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor

SOI-F82