



1977 POLICE OFFICERS' & FIREFIGHTERS' FUND BENEFICIARY DESIGNATION

State Form 54276 (R11 / 2-26)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204
Telephone: (844) GO-INPRS, (844) 464-6777 (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, Social Security number, and Pension ID number at the top of each page as requested.
3. 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.
4. Include an English translation of all foreign documents.
5. This application must be completed, signed, and dated by the member, including any additional beneficiary designation pages.
6. This application must be witnessed by someone who is not a beneficiary.
7. This completed, signed, and dated 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.
8. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

MEMBER INFORMATION

Member name	Social Security number (<i>last 4 digits</i>)*	Pension ID (PID) number
Address (<i>number and street</i>)	Telephone number with area code	Other telephone number with area code
City	State	ZIP Code
E-mail address		
Marital status (<i>Check one</i>) <input type="checkbox"/> Single <input type="checkbox"/> Married (<i>If checked, provide spouse information below.</i>)		

PENSION SURVIVOR BENEFICIARY INFORMATION

Survivor pension benefits are payable to the surviving spouse of an eligible 1977 Fund member who is married at the time of death. Separate survivor pension benefits are payable to dependent children who are: under age 18; age 19-22 and full-time student; or permanently disabled. In the absence of surviving spouse and dependent children, wholly dependent parents may be eligible to receive survivor pension benefits. Provide your current spouse, dependent children and/or dependent parents in this section. ([IC 36-8-8-13.8](#), [IC 36-8-8-14.1](#))

If you want to name additional pension survivor beneficiaries other than spouse, you may attach copies of this page containing the necessary information. Be certain to indicate there are additional pages.

As of the date of my signature on this form as the Member, the following are my spouse, child(ren), and/or wholly dependent parent(s). Submission of this form updates and overrides any previous submissions of this information to INPRS.

Completing this section of the form does not change the survivor pension benefits as outlined in the aforementioned statutes.

Spouse name (<i>first, middle, last name</i>)	Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)
Child name (<i>first, middle, last name</i>)	Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)
Dependent parent name (<i>first, middle, last name</i>)	Social Security number*	Date of birth (<i>mm/dd/yyyy</i>)

Check here if there is more than one (1) child or wholly dependent parent pension survivor beneficiary. Copy this completed form and include it with your submission. The additional submitted pages must be signed and dated by the Member.

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Member name	Social Security number (last 4 digits)*	Pension ID (PID) number
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MEMBER CONTRIBUTIONS BENEFICIARY DESIGNATION

A fund member may designate one or more beneficiaries to receive 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 to the fund member the member's contributions. ([IC 36-8-8-24](#))

If you want to name additional beneficiaries, you may attach copies of this page 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.

As of the date of my signature on this form as the Member, the following are my primary and contingent beneficiaries. Submission of this form updates and overrides any previous submissions of this information to INPRS.

I understand that if I want to name more than one (1) primary or contingent beneficiary, I must list the percentage in whole numbers that each beneficiary will receive. Further, I understand that if more than one (1) primary or contingent beneficiary is listed, but a percentage is not listed, then the contributions will be divided as evenly as possible, with the first beneficiary listed receiving any additional percentage in order to distribute in whole percentages.

PRIMARY BENEFICIARY DESIGNATION

Beneficiary name (first, middle, last name)		Social Security number* - -	Date of birth (mm/dd/yyyy)
Address (number and street)		Telephone number with area code	
City	State	ZIP Code	Relationship to member
<input type="checkbox"/> Check here if there is more than one (1) Primary Beneficiary Designation. Copy this completed form and included it with your submission. The additional submitted pages must be signed and dated by the Member.		<ul style="list-style-type: none"> If there is one (1) Primary Beneficiary Designation, the whole amount (100%) will be disbursed to this beneficiary. If there is more than one (1) Primary Beneficiary Designation, this named beneficiary is to receive _____% of the disbursement. (Percentage must be a whole number and the total of all primary beneficiaries must total 100%). 	

CONTINGENT BENEFICIARY DESIGNATION

Beneficiary name (first, middle, last name)		Social Security number* - -	Date of birth (mm/dd/yyyy)
Address (number and street)		Telephone number with area code	
City	State	ZIP Code	Relationship to member
<input type="checkbox"/> Check here if there is more than one (1) Contingent Beneficiary Designation. Copy this completed form and include it with your submission. The additional submitted pages must be signed and dated by the Member.		<ul style="list-style-type: none"> If there is one (1) Contingent Beneficiary Designation, the whole amount (100%) will be disbursed to this beneficiary. If there is more than one (1) Contingent Beneficiary Designation, this named beneficiary is to receive _____% of the disbursement. (Percentage must be a whole number and the total of all contingent beneficiaries must total 100%). 	

MEMBER AFFIDAVIT

In accordance with the provisions of Indiana Code [IC 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 a rate of interest determined by the INPRS Board of Trustees 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 [1977 Police Officers' & Firefighters' Fund Beneficiary Designation \(State Form 54276\)](#) 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 signature	Date (mm/dd/yyyy)
Witness signature	Printed witness name Date (mm/dd/yyyy)

**INSTRUCTIONS FOR
1977 POLICE OFFICERS' & FIREFIGHTERS' FUND BENEFICIARY DESIGNATION**

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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, Social Security number, and Pension ID number at the top of each page as requested.
3. 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.
4. Include an English translation of all foreign documents.
5. This application must be completed, signed, and dated by the member, including any additional beneficiary designation pages.
6. This application must be witnessed by someone who is not a beneficiary.
7. This completed, signed, and dated 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.
8. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

Entry field	Field description
MEMBER INFORMATION	
Member name	Enter the member's complete name.
Social Security number*	Enter the last 4 digits of the member's Social Security number.*
Pension ID (PID) number	Enter the member's Pension ID (PID) number, if known.
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number/Other telephone number	Enter the member's telephone numbers including area codes.
E-mail address	Enter the member's e-mail address, if applicable.

PENSION SURVIVOR BENEFICIARY INFORMATION

Survivor pension benefits are payable to the surviving spouse of an eligible 1977 Fund member who is married at the time of death. Separate survivor pension benefits are payable to dependent children who are: under age 18; age 19-22 and full-time student; or permanently disabled. In the absence of surviving spouse and dependent children, wholly dependent parents may be eligible to receive survivor pension benefits. Provide your current spouse, dependent children and/or dependent parents in this section. ([IC 36-8-8-13.8](#), [IC 36-8-8-14.1](#))

If you want to name additional pension survivor beneficiaries other than spouse, you may attach copies of this page containing the necessary information. Be certain to indicate there are additional pages.

As of the date of my signature on this form as the Member, the following are my spouse, child(ren), and/or wholly dependent parent(s). Submission of this form updates and overrides any previous submissions of this information to INPRS.

Completing this section of the form does not change the survivor pension benefits as outlined in the aforementioned statutes.

PENSION SURVIVOR BENEFICIARY INFORMATION	
Marital status	Check either the Single or Married checkbox to designate your current legal status. If married, the spouse must be listed as a survivor beneficiary.
Spouse name	Enter the member's spouse's name: first, middle, and last names.
Social Security number*	Enter the member's spouse's complete Social Security number.*
Date of birth	Enter the member's spouse's date of birth; format = mm/dd/yyyy.
Child name	Enter the member's child's name: first, middle, and last names.
Social Security number*	Enter the member's child's complete Social Security number.*
Date of birth	Enter the member's child's date of birth; format = mm/dd/yyyy.
Dependent parent name	Enter the member's wholly dependent parent's name: first, middle, and last names.
Social Security number*	Enter the member's dependent parent's complete Social Security number.*
Date of birth	Enter the member's dependent parent's date of birth; format = mm/dd/yyyy.
Check here if there is more than one	Check if additional pages of Pension Survivor Beneficiaries are included.

MEMBER CONTRIBUTIONS BENEFICIARY DESIGNATION

A fund member may designate one or more beneficiaries to receive 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 to the fund member the member's contributions. ([IC 36-8-8-24](#))

If you want to name additional beneficiaries, you may attach copies of this page 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.

As of the date of my signature on this form as the Member, the following are my primary and contingent beneficiaries. Submission of this form updates and overrides any previous submissions of this information to INPRS.

I understand that if I want to name more than one (1) primary or contingent beneficiary, I must list the percentage in whole numbers that each beneficiary will receive. Further, I understand that if more than one (1) primary or contingent beneficiary is listed, but a percentage is not listed, then the contributions will be divided as evenly as possible, with the first beneficiary listed receiving any additional percentage in order to distribute in whole percentages.

**INSTRUCTIONS FOR
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Entry field	Field description
PRIMARY BENEFICIARY DESIGNATION	
Beneficiary name	Enter the primary beneficiary's name: first, middle, and last names.
Social Security number*	Enter the primary beneficiary's complete Social Security number.*
Date of birth	Enter the primary beneficiary's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the primary beneficiary's mailing address.
Telephone number	Enter the primary beneficiary's telephone number including area code.
Relationship to member	Enter the primary beneficiary's relationship to the member.
Check here if there is more than one	Check if additional pages of Primary Beneficiaries are included.
Percent of distribution	<ul style="list-style-type: none"> If there is one (1) Primary Beneficiary Designation, the whole amount (100%) will be disbursed to this beneficiary. If there is more than one (1) Primary Beneficiary Designation, this named beneficiary is to receive _____% of the disbursement. (Percentage must be a whole number and the total of all primary beneficiaries must total 100%).

CONTINGENT BENEFICIARY DESIGNATION	
Beneficiary name	Enter the beneficiary's name: first, middle, and last names.
Social Security number*	Enter the beneficiary's complete Social Security number.*
Date of birth	Enter the beneficiary's member's beneficiary's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the beneficiary's mailing address
Telephone number	Enter the beneficiary's telephone number including area code.
Relationship to member	Enter the beneficiary's relationship to the member.
Check here if there is more than one	Check if additional pages of Contingent Beneficiaries are included.
Percent of distribution	<ul style="list-style-type: none"> If there is one (1) Contingent Beneficiary Designation, the whole amount (100%) will be disbursed to this beneficiary. If there is more than one (1) Contingent Beneficiary Designation, this named beneficiary is to receive _____% of the disbursement. (Percentage must be a whole number and the total of all contingent beneficiaries must total 100%.)

MEMBER AFFIDAVIT

In accordance with the provisions of Indiana Code [IC 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 a rate of interest determined by the INPRS Board of Trustees 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 [1977 Police Officers' & Firefighters' Fund Beneficiary Designation \(State Form 54276\)](#) with the Board of Trustees of the Fund. Such a change must be received and accepted by the Fund for it to become effective.

All additional pages submitted with this form must have this section signed and dated.

Member signature and date	The member must sign and date this section of the application; format = mm/dd/yyyy.
Date	The member must sign and date this section of the application; format = mm/dd/yyyy.
Witness signature and date	The witness must sign and date this section of the application; format = mm/dd/yyyy. The witness must be someone other than a named beneficiary.
Printed witness' name	Enter the witness' name, printed.
Date	The witness must sign and date this section of the application; format = mm/dd/yyyy.

HELPFUL INFORMATION

	INPRS/1977 FUND	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax Toll-free	(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