



## APPLICATION FOR BENEFICIARY DESIGNATION

State Form 54276 (R5 / 11-17)

**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](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 the instruction pages included with this application prior to returning the completed application 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, 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 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 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.
8. Questions? 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 ( <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> ) |       |  |                                 |                                       |  |

### 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, dependent parents may be eligible to receive survivor pension benefits. Please provide your current legal marital status, spouse, dependent children and/or dependent parents in this section. [IC 36-8-8-13.8,14.1] If you want to name additional survivor beneficiaries, you may attach copies of this page containing the necessary information. Be certain to indicate there are additional pages.

|                                      |       |          |   |                                     |  |
|--------------------------------------|-------|----------|---|-------------------------------------|--|
| Beneficiary's name                   |       |          | Social Security number*   | Date of birth ( <i>mm/dd/yyyy</i> ) |  |
| Address ( <i>number and street</i> ) |       |          | Telephone number with area code   |                                     |  |
| City                                 | State | ZIP Code | Survivor Type ( <i>Check one</i> ): <input type="checkbox"/> Spouse<br><input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent |                                     |  |
| Beneficiary's name                   |       |          | Social Security number*   | Date of birth ( <i>mm/dd/yyyy</i> ) |  |
| Address ( <i>number and street</i> ) |       |          | Telephone number with area code   |                                     |  |
| City                                 | State | ZIP Code | Survivor Type ( <i>Check one</i> ):<br><input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent                                 |                                     |  |
| Beneficiary's name                   |       |          | Social Security number*   | Date of birth ( <i>mm/dd/yyyy</i> ) |  |
| Address ( <i>number and street</i> ) |       |          | Telephone number with area code   |                                     |  |
| City                                 | State | ZIP Code | Survivor Type ( <i>Check one</i> ):<br><input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent                                 |                                     |  |

Check here if there are more than three Survivor Beneficiaries. Copy this page and include it with your submission.

|               |   |                         |
|---------------|---|-------------------------|
| Member's name | Social Security number (last 4 digits)* | Pension ID (PID) number |
|---------------|---|-------------------------|

|   |
|---|
| <b>BENEFICIARY DESIGNATION INFORMATION</b>  |
| <p>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 the fund member's contributions. [IC 36-8-8-24]</p> <p>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.</p> |

|  |       |                                 |                            |
|--|-------|---------------------------------|----------------------------|
| <b>PRIMARY BENEFICIARY DESIGNATION</b> |       |                                 |                            |
| Beneficiary's 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     |
| Beneficiary's 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     |

Check here if there are more than two Primary Beneficiary Designations. Copy this page and include it with your submission.

|   |       |                                 |                            |
|---|-------|---------------------------------|----------------------------|
| <b>CONTINGENT BENEFICIARY DESIGNATION</b> |       |                                 |                            |
| Beneficiary's 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     |
| Beneficiary's 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     |

Check here if there are more than two Contingent Beneficiary Designations. Copy this page and include it with your submission.

|   |                       |                   |
|---|-----------------------|-------------------|
| <b>MEMBER AFFIDAVIT</b>   |                       |                   |
| <p>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 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)].</p> <p>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 an <i>Application for Beneficiary Designation</i> (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.</p> |                       |                   |
| Member's signature  |                       | Date (mm/dd/yyyy) |
| Witness' signature  | Printed witness' name | Date (mm/dd/yyyy) |

**INSTRUCTIONS FOR  
APPLICATION FOR DESIGNATION OF BENEFICIARY**

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, 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 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 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.
8. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

| Entry field                               | Field description  |  |  |
|---|--|--|--|
| <b>MEMBER INFORMATION</b>                 |  |  |  |
| Member's 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 street or 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.  |  |  |
| <b>SURVIVOR BENEFICIARY INFORMATION</b>   |  |  |  |
| 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. |  |  |
| 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 beneficiary's telephone number including area code.  |  |  |
| Survivor Type                             | Check the type of survivor: Spouse, Dependent Child, or Dependent Parent.  |  |  |
| Check here if more than three             | Check the checkbox if additional pages of Survivor Beneficiaries are included.   |  |  |
| <b>PRIMARY BENEFICIARY DESIGNATION</b>    |  |  |  |
| 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 beneficiary's telephone number including area code.  |  |  |
| Relationship to member                    | Enter the beneficiary's relationship to the member.  |  |  |
| Check here if more than two               | Check the checkbox if additional pages of Primary Beneficiaries are included.  |  |  |
| <b>CONTINGENT BENEFICIARY DESIGNATION</b> |  |  |  |
| 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 beneficiary's telephone number including area code.  |  |  |
| Relationship to member                    | Enter the beneficiary's relationship to the member.  |  |  |
| Check here if more than two               | Check the checkbox if additional pages of Contingent Beneficiaries are included.   |  |  |
| <b>MEMBER AFFIDAVIT</b>                   |  |  |  |
| Member's signature and 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.  |  |  |
| <b>HELPFUL INFORMATION</b>                |  |  |  |
|   | <b>INPRS/1977 FUND</b>   | <b>INTERNAL REVENUE SERVICE</b>              | <b>INDIANA DEPARTMENT OF REVENUE</b>               |
| <b>Telephone numbers</b>                  | (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                                 |
| <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> |