



**DIRECT DEPOSIT APPLICATION**  
State Form 39175 (R19 / 3-26)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2899  
Telephone: (844) GO-INPRS, (844) 464-6777 (Toll-free)  
Fax: (866) 591-9441 (Toll-free)  
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 application cannot be processed without it.

**INSTRUCTIONS**

If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate [Direct Deposit Application \(State Form 39175\)](#) must be completed for each payment.

**Direct deposit is the preferred method for receiving monthly benefits.**

1. After commencement of benefit payments, changes may be completed online by logging on to [Account Login](#) on the Indiana Public Retirement System (INPRS) web site.
2. Type or print using black ink.
3. If this form is being completed by a court-appointed guardian or power of attorney, the appropriate forms must already be on file with INPRS or must be included with this application for this form to be processed.
  - [Conservatorship/Guardianship \(State Form 56761\)](#) available from Voya
  - [Limited Power of Attorney for Member, Survivor, or Beneficiary \(State Form 49614\)](#) available from the INPRS website.
4. For verification of routing and account information, include a voided check.
5. This application may take 60-90 days to process from date of receipt by INPRS.
6. This completed, signed, and dated application may be faxed, mailed, or delivered to INPRS at the address on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
7. Questions or changes? Call the Member Service Center at (844) GO-INPRS, (866) 464-6777, Monday – Friday.

**PAYEE INFORMATION**

Status of payee ( <i>check one</i> )			
<input type="checkbox"/> Retiree	<input type="checkbox"/> Survivor annuitant		
Payee name	Social Security number ( <i>last 4 digits</i> )*	Pension ID (PID) Number	
Decedent name, <i>if applicable</i>	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	Email address

Select the appropriate Fund (*Only one*):

- |   |   |
|---|---|
| <input type="checkbox"/> 1977 Police Officers' and Firefighter's Fund               | <input type="checkbox"/> Prosecuting Attorneys' Retirement Fund |
| <input type="checkbox"/> Judges' Retirement System                                  | <input type="checkbox"/> Public Employees' Retirement Fund      |
| <input type="checkbox"/> Excise, Gaming, and Conservation Officers' Retirement Plan | <input type="checkbox"/> Teachers' Retirement Fund              |
| <input type="checkbox"/> Legislators' Retirement System                             |   |

**ACCOUNT INFORMATION**

Name of financial institution		Telephone number with area code	
Address ( <i>number and street</i> )	City	State	ZIP Code
Type of account <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Routing number ( <i>nine (9) digits</i> )	Account number	
List all names on the account			

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Payee name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) Number
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**ARTICLE A**

By signing this form, I (payee) authorize and request the Fund to direct the net amount of such recurring payments to my account at the financial organization (Bank) designated above and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by the Fund to the Bank satisfies and discharges the obligation of the Fund to me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made after my death to which I am not entitled, I hereby authorize and direct the Bank on behalf of my estate to refund said deposits to the Fund and to charge same to my account. I understand that the Bank and the Fund reserve the right to cancel this agreement by notice to me; and this authorization will remain in effect with the Fund until canceled by written notice from me.

By signing this application, I agree to adhere to the terms listed in ARTICLE A included in this application.

Signature of payee, court-appointed guardian, or power of attorney	Date <i>(mm/dd/yyyy)</i>
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# INSTRUCTIONS FOR DIRECT DEPOSIT APPLICATION

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## IMPORTANT

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Entry field	Field description
<b>PAYEE INFORMATION</b>	
Status of payee	Check one: Retiree or Survivor annuitant
Payee name	Enter the complete name of the payee on each page of the submitted form.
Social Security number*	Enter the last 4 digits of the payee's Social Security number* on each page of the submitted form.
Pension ID (PID) number	Enter the payee's PID number on each page of the submitted form.
Decedent name	Enter the name of the deceased member, if applicable.
Social Security number*	Enter the last 4 digits of the decedent's Social Security number*, if applicable.
Pension ID (PID) number	Enter the decedent's PID number, if applicable.
Address, City, State, ZIP Code	Enter the payee's mailing address.
Telephone number/Other telephone number	Enter the payee's telephone numbers including area codes.
Email address	Enter the payee's email address.
Select the appropriate Fund(s)	Check the appropriate box (only one per submitted form). A separate <i>Direct Deposit Application (State Form 39175)</i> must be completed for each Fund from which you receive a recurring monthly benefit.
<b>ACCOUNT INFORMATION</b>	
Routing number	This is also known as the ABA number and is the first set of nine digits beginning at the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Account number	This is the second set of digits from the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Type of account	Choose <b>Savings</b> or <b>Checking</b> .
List all names on the account	List the names of everyone that has permission to use the account and are on file with the financial institution as such.
Financial institution	Enter the name of the financial institution (bank, credit union, savings, etc.).
Address	Enter the mailing address of the financial institution.
City, State, ZIP Code	Enter the city, state, and ZIP Code of the financial institution.
Telephone number	Enter the financial institution's telephone number with area code.
<b>ARTICLE A</b>	
Review this section before signing and submitting this form.	
By signing this application, I agree to adhere to the terms listed in ARTICLE A included in this application.	
Signature of payee, court-appointed guardian, or power of attorney	Signature of payee, court-appointed guardian, or power of attorney. In the case of the court-appointed guardian or power of attorney the format is <court-appointed guardian or power of attorney> for <payee's name>.
Date	The application must be signed and dated; format = mm/dd/yyyy.

