Reset Form

CHANGE OF NAME

State Form 946 (R7 / 2-13)

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
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. If you are receiving a monthly benefit, a refund of your contributions, or are an active contributing member, it is important that you keep your name current with INPRS.
2. Remove the instruction page included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
3. Type or print using black ink.
4. You must include the appropriate legal documentation: marriage license, divorce decree, or court order.
5. Include an English translation of any foreign language document.
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. To request an address change, complete the *Change of Address* (State Form 54302) or contact Customer Service, Toll-free at (888) 526-1687 from 8 a.m. – 8 p.m., Monday - Friday.

MEMBER INFORMATION

First name	Middle name	Last name
Select one ☐ Active member ☐ Benefit recipient	Social Security number *(last 4 digits)**	Pension ID (PID) number

NAME CHANGE INFORMATION

You must include the appropriate legal documentation to support this name change. Acceptable documentation is a copy of your marriage license, divorce decree, or court order. You must attach an English translation of any foreign language document.

First name	Middle name	Last name

MEMBER AFFIDAVIT

I attest that to the best of my knowledge the information provided in this form is true and accurate.

Member's signature	Date *(mm/dd/yyyy)*

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Entry field	Field description
MEMBER INFORMATION	
First, middle, last name	Enter the complete name of the member as it currently appears on INPRS' records.
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.
Select one	Check whether the member is an **Active member** or a **Benefit recipient**.
NAME CHANGE INFORMATION	
You must include the appropriate legal documentation to support this name change. Acceptable documentation is a copy of your marriage license, divorce decree, or court order. You must attach an English translation of any foreign language document.	
First, middle, last name	Enter the changed name of the member.
MEMBER AFFIDAVIT	
Member's signature	The member must sign and date this section of the form; format = mm/dd/yyyy.