Reset Form

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

State Form 54304 (R5 / 3-16)

INDIANA PUBLIC RETIREMENT SYSTEM
P.O. Box 9001
Norfolk, Virginia 23501
Telephone: (888) 286-3544 (Toll-free)
Fax: 800-386-5127 (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.

GENERAL INSTRUCTIONS

1. Remove the instruction pages included with this form prior to returning the completed form to Indiana Public Retirement System (INPRS) at the appropriate address shown above.
2. Type or print using black ink. Complete all requested information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
3. Keep a copy of the completed form for your records.
4. The AUTHORIZATION section of this form must include the submitter's signature and date in order for this form to be processed by INPRS.
5. If this form is submitted by anyone other than the member or surviving designated beneficiary, INPRS must have appropriate documentation giving the submitter authority to file this waiver (Power of Attorney, Letters of Testamentary, et cetera) on file before information will be released to the designated third party.
6. If you have any changes to the information on this form such as name or address, contact Customer Service, toll-free, at the appropriate telephone number shown above. Hours of operation are 8 a.m. to 8 p.m., EST, Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays.

SUBMITTER

This form was completed by *(check one)*:

☐ Member ☐ Surviving beneficiary ☐ Court-appointed guardian* ☐ Power of Attorney with appropriate powers*

☐ Other* (Personal Representatives, Authorized Distributees under affidavit, and others entitled to information under probate law.

*In these cases, appropriate documentation is required.

MEMBER INFORMATION *(Required)*

Member's name	Social Security number *(last 4 digits)**	Pension ID (PID) number	
Address *(number and street)*	City	State	ZIP Code

SUBMITTER INFORMATION

This information is required only if the submitter of this form is someone other than the member whose account information is being authorized for release by this form. *In the case of a Power of Attorney or court-appointed guardian, the appropriate documents must accompany this form or be on file and in effect with INPRS.

Submitter's name	Telephone number with area code		
Address *(number and street)*	City	State	ZIP Code

THIRD PARTY INFORMATION *(Required)*

Third party's name	Relationship to member	Telephone number with area code	
Address *(number and street)*	City	State	ZIP Code

615 01 281
615 02 281

SOI-F67

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

AUTHORIZATION *(Required)*

I, _____, do hereby ☐ **allow** ☐ **disallow** _____
Submitter's name Third-party's name

access to all confidential information pertaining to the member's (_____) INPRS
Member's name
account. Unless otherwise stated, this Authorization remains in effect unless revoked in writing to the Indiana Public Retirement System.

I understand that, pursuant to *IC 5-10.5-6-4*, INPRS records of individual members and membership information are confidential, except for the name and years of service of the member. I further understand and agree that by signing this *Authorization to Release Confidential Information* (Authorization), I am waiving any legal protections that may be provided by this statute to the extent I have directed above and I agree to indemnify and hold INPRS and its employees harmless for such release.

I understand and agree that any cancellation or modification of this Authorization must be in writing, and that this Authorization shall remain in effect until a written cancellation or modification is received by INPRS. A photocopy or facsimile of this Authorization shall be as effective and valid as the original.

By signing this form, I release and hold harmless INPRS, its agents, and its employees from any and all liability, charges, complaints, claims, causes of action, and damages of any kind which might be asserted in connection with the release of confidential information described herein.

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

INSTRUCTIONS FOR

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

State Form 54304

IMPORTANT

1. Remove the instruction pages included with this form prior to returning the completed form to Indiana Public Retirement System (INPRS) at the appropriate address shown on the form.
2. Type or print using black ink. Complete all requested information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
3. Keep a copy of the completed form for your records.
4. The AUTHORIZATION section of this form must include the submitter's signature and date in order for this form to be processed by INPRS.
5. If this form is submitted by anyone other than the member or surviving designated beneficiary, INPRS must have appropriate documentation on file giving the submitter authority to file this Authorization (Power of Attorney, Letters of Testamentary, et cetera) before information will be released to the designated third party.
6. If you have any changes to the information on this form such as name or address, contact Customer Service, Toll-free at (the appropriate telephone number shown on this form. Hours of operation are 8 a.m. to 8 p.m., EST, Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays.

Entry field	Field description
SUBMITTER	
This form was completed by	Select one of the options and note any additional documentation required by the selection
MEMBER INFORMATION	
Member's name	Enter the member's complete name.
Social Security number	Enter the last four digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID number.
Address	Enter the member's street address and/or mailing address.
Telephone number/Other telephone number	Enter the member's telephone numbers including area codes.
SUBMITTER INFORMATION	
Submitter's name	Enter the submitter's complete name.
Address	Enter the submitter's street address and/or mailing address.
Telephone number/Other telephone number	Enter the submitter's telephone numbers including area codes.
THIRD-PARTY INFORMATION	
Third-party's name	Enter the third party's complete name.
Relationship to the member	Enter the third-party entity's relationship to the member.
Address	Enter the third party's street address and/or mailing address.
Telephone number/Other telephone number	Enter the third party's telephone numbers including area codes.
AUTHORIZATION	
Entry field	**Field description**
Submitter's name	Enter the submitter's name – must be the same as the submitter named in the SUBMITTER INFORMATION section of the form
Third-party's name	Enter the third-party entity's name – must be the same as the third-party named in the THIRD-PARTY INFORMATION section of the form
Member's name	Enter the member's name – must be the same as the member named in the MEMBER INFORMATION section of the form
Submitter's signature	The submitter must sign and date the form; 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
	Fax: 800-386-5127 (Toll-free)	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
	INPRS/TRF	(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
	(888) 286-3544 Toll-free		
	Fax: 800-386-5127 (Toll-free)		(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor