



APPLICATION FOR WITHDRAWAL FROM THE FUND DUE TO DEATH OF MEMBER

State Form 4717 (R4 / 11-06)
Approved by State Board of Accounts, 2006

INDIANA STATE TEACHERS' RETIREMENT FUND
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3860/ Toll Free: (888) 286-3544
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Privacy Notice
Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

An original Death Certificate is required to be submitted with this form.

MEMBER INFORMATION

Name of deceased member _____

Social Security number of deceased member _____	ISTRF number of deceased member _____	Date of birth of deceased member (month, day, year) _____
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The undersigned for and on behalf of said decedent's estate does hereby apply for the payment of the amount paid into said Fund by said deceased teacher – less deductions, if any, to be made by law.

The undersigned respectfully shows that _____ died (circle one) testate in testate at _____ in the County of _____ and State of _____ on _____, 20_____.

BENEFICIARY INFORMATION

Signature of beneficiary _____	Address (number and street or P.O. box) _____
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City _____	State _____	ZIP code _____	Date of birth (month, day, year) _____	Social Security number _____
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NOTARY CERTIFICATE

State of _____
County of _____
SS: _____

Before me the undersigned, a Notary Public for _____ County, Officer's county of residence

State of _____, personally appeared _____
Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 200__.

(Signature) _____

Printed or typed name of officer

My commission expires: _____

(SEAL)