Application for Surviving Dependent Pension Benefit

State Form 44513 (R2 / 10-00)
Approved by the State Board of Accounts, **2000**

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: http://www.state.in.us/trf

PRIVACY NOTICE

Your Social Security number is being requested by the Fund pursuant to Internal Revenue Service Code 3405. Disclosure of this information is mandatory. This form cannot be processed without it.

INSTRUCTIONS:

1. Please complete the necessary information by printing or typing in ink.
2. Please sign the application in the presence of a Notary Public.

Reset

PART I – CERTIFICATION BY SURVIVING DEPENDENT OR COURT-APPOINTED GUARDIAN OF MINOR DEPENDENT

☐ I hereby certify that I am the court appointed guardian of: *(Name Of Dependent)* _____

a minor surviving child of *(Name of Member)* _____

(Member's Social Security Number) _____, *(Member's TRF Number)* _____ who

died on *(Date of Death)* _____ , 20 _____ . I am making application on behalf of the surviving

dependent for Surviving Dependents Pension Benefit due provided by Indiana Code, section 5-10.2-4-7.

NOTE: Balance remaining in the member's annuity savings account is to be distributed to the designated beneficiary(ies).

Social Security Number of Dependent	Address of Dependent (Street Name or P.O. Box)		
Printed Name of Dependent	City	State	ZIP Code
Signature of Guardian or Adult Dependent	Telephone ( ) -		

PART II – NOTARY PUBLIC CERTIFICATION

STATE OF _____

COUNTY OF _____ SS:

SEAL

This voluntary act sworn to before me, a Notary Public, in and for said State and County,

this _____ day of _____ , 20 _____.

Notary Public Signature	Notary Public Printed Name (REQUIRED)	Date Commission Expires