



FIVE-YEAR DISTRIBUTION OF THE ANNUITY SAVINGS ACCOUNT TO A DECEASED MEMBER'S SURVIVING BENEFICIARY

State Form 54305 (6-10)
Approved by State Board of Accounts, 2010

INDIANA STATE TEACHERS' RETIREMENT FUND
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3860 / Toll-free: (888) 286-3544
Fax: (317) 232-3882 / E-mail: trf@trf.in.gov
Web site: www.in.gov/trf

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.

DECEASED MEMBER INFORMATION

Name of deceased member	Social Security number of deceased member	PID number of deceased member	
-------------------------	---	-------------------------------	--

SURVIVING BENEFICIARY INFORMATION

Name of beneficiary	Social Security number of beneficiary	Telephone number with area code of beneficiary	
Address of beneficiary	City	State	ZIP Code

DISTRIBUTION OPTIONS

Check only one distribution option.

<input type="checkbox"/> Five-Year Distribution	Year 1	20 percent of the total account balance is distributed.
	Year 2	25 percent of the remaining account balance is distributed.
	Year 3	33.3 percent of the remaining account balance is distributed.
	Year 4	50 percent of the remaining account balance is distributed.
	Year 5	The remainder of the account balance is distributed.
<input type="checkbox"/> Four-Year Distribution	Year 1	25 percent of the remaining account balance is distributed.
	Year 2	33.3 percent of the remaining account balance is distributed.
	Year 3	50 percent of the remaining account balance is distributed.
	Year 4	The remainder of the account balance is distributed.
<input type="checkbox"/> Three-Year Distribution	Year 1	33.3 percent of the remaining account balance is distributed.
	Year 2	50 percent of the remaining account balance is distributed.
	Year 3	The remainder of the account balance is distributed.
<input type="checkbox"/> Two-Year Distribution	Year 1	50 percent of the remaining account balance is distributed.
	Year 2	The remainder of the account balance is distributed.

Signature of beneficiary	Beneficiary's name (<i>Printed</i>)	Date (<i>mm/dd/yyyy</i>)
--------------------------	---------------------------------------	----------------------------

NOTARY PUBLIC CERTIFICATION

State of _____

SS:

County of _____

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

personally appeared _____ and he/she, being first duly sworn by me upon
Name of member or recipient

his/her oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20____.

Signature

Name of officer (*printed or typed*)

My commission expires: _____

OFFICE USE ONLY

Processed by	Date (<i>mm/dd/yyyy</i>)	Audited by	Date (<i>mm/dd/yyyy</i>)
--------------	----------------------------	------------	----------------------------