



AFFIDAVIT FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT TO A REVOCABLE TRUST

State Form Pending (XX-10)
Approved by State Board of Accounts, 2010

INDIANA STATE TEACHERS' RETIREMENT FUND
 P. O. Box 7037
 Indianapolis, IN 46207-7037
 Telephone: (317) 232-3860/Toll-free: (888) 286-3544
 Fax: (800) 386-5127
 Web site: www.in.gov/trf

PRIVACY NOTICE
 Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information

RECIPIENT INFORMATION

Recipient's name		Social Security number	PID number
Address		Telephone number with area code	
City		State	ZIP Code

RECIPIENT AFFIDAVIT

Before the Board of Trustees of the Indiana State Teachers' Retirement Fund, I hereby certify that I have requested the direct deposit of my monthly retirement benefit into my Revocable Trust identified as _____.

Name of trust

I further certify that the before stated trust complies with terms set forth in *IC 5-10.2-4-7 (e)* that states, "A member may direct that the member's retirement benefits be paid to a revocable trust that permits the member unrestricted access to the amounts held in the revocable trust." I can revoke the trust at any time and I have unconditional access to trust funds.

I acknowledge and agree that the payee designation will be in *My Name, Revocable Trust*.

I further acknowledge and agree that should there be a change in the terms or conditions of the trust instrument that would conflict with the provisions of *IC 5-10.2-4-7 (e)*, I will immediately notify the Fund and cooperate with the Fund to ensure that retirement benefit distributions are made in compliance with law.

I also hereby agree and acknowledge that the terms of this instrument shall be binding upon my heirs, executors, administrators and assigns and I will hold the Fund harmless for any and all damages suffered as a result of any misrepresentation made in this instrument or by any act or omission with regard to the terms or administration of the trust.

I also hereby acknowledge that I understand the terms of this affidavit and any ambiguities herein are to be resolved in favor to the Indiana State Teachers' Retirement Fund. I hereby acknowledge that I have had ample time and opportunity to secure legal counsel for the purpose of explaining any of these declarations contained within. I affirm, under the penalties for perjury, that the foregoing representation(s) is (are) true.

Recipient's signature	Date (mm/dd/yyyy)
-----------------------	-------------------

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 his/her oath,
Name of person

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: _____