



APPLICATION FOR DIRECT DEPOSIT OF RECURRING PAYMENT

State Form 39175 (R11 / 9-11)
Approved by State Board of Accounts, 2011

Submit for change of direct deposit to:
INDIANA PUBLIC RETIREMENT SYSTEM
 P.O. Box 7121
 Indianapolis, Indiana 46207-7121
 Telephone: (888) 526-1687 (Toll-free)
 Fax: (800) 386-5127 (Toll-free)
 Web: 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 application cannot be processed without it.

INSTRUCTIONS

** If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate *Application for Direct Deposit of Recurring Payment* (State Form 39175) must be completed for each payment.

Direct deposit is the preferred method for receiving monthly benefits.

1. This application may be completed online or by logging on to Online Retirement Service Center on the Indiana Public Retirement System (INPRS) Web site located at www.inprs.in.gov.
2. Type or print using black ink.
3. If this form is being completed by a court-appointed guardian or power of attorney, the appropriate forms must already be on file with INPRS or must be included with this application.
4. **This application may take 60-90 days to process from date of receipt.**
5. This completed application may be delivered to the lobby of INPRS at 1 North Capitol Avenue, Suite 001, Indianapolis, IN 46204. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.

PAYEE INFORMATION

Payee's name		Social Security number*	Pension ID (PID) number	
Address		City	State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address		
Do you receive more than one monthly benefit from PERF?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you want to have all Fund accounts electronically deposited?*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Select the appropriate Fund(s):				
<input type="checkbox"/> 1977 Police and Firefighters' Fund	<input type="checkbox"/> Conservation/Excise/Gaming Officers' Plan	<input type="checkbox"/> Judges' Benefit System		
<input type="checkbox"/> Legislators' Retirement System	<input type="checkbox"/> Prosecuting Attorneys'	<input type="checkbox"/> Public Employees' Retirement Fund		
By signing this application, I agree to adhere to the terms listed in Article A included on this application.				
Signature of payee, court-appointed guardian, or power of attorney			Date (mm/dd/yyyy)	

ACCOUNT INFORMATION

Routing number (ABA number)				Account number			
Type of account	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	List all names on the account				
Financial institution							
Address							
City			State	ZIP Code			

Article A: By signing this form, I (payee) authorize and request the Fund to direct the net amount of such recurring payments to my account at the financial organization (Bank) designated above and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by the Fund to the Bank satisfies and discharges the obligation of the Fund to me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made after my death to which I am not entitled, I hereby authorize and direct the Bank on behalf of my estate to refund said deposits to the Fund and to charge same to my account. I understand that the Bank and the Fund reserve the right to cancel this agreement by notice to me; and this authorization will remain in effect with the Fund until canceled by written notice from me.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR DIRECT DEPOSIT OF RECURRING PAYMENT

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Entry field	Field description
PAYEE INFORMATION	
Payee's name	Enter the complete name of the payee.
Social Security number	Enter the payee's Social Security number.
Pension ID (PID) number	Enter the payee's PID number.
Address	Enter the street address and/or mailing address of the payee.
Home telephone number/Other telephone number	Enter telephone numbers including area codes for the payee.
E-mail address	Enter the payee's e-mail address, if applicable.
Do you receive more than one monthly benefit from PERF?	Select Yes or No . If Yes is selected you must answer the next question.
If yes, do you want to have all Fund accounts electronically deposited?	Select Yes or No . If you receive multiple benefit payments and elect to have all Fund accounts electronically deposited, a separate <i>Application for Direct Deposit of Recurring Payment</i> (State Form 39175) must be completed for each payment.
Select the appropriate Fund(s)	Check the appropriate boxes.
Signature of payee, court-appointed guardian, or power of attorney	Signature of payee, court-appointed guardian, or power of attorney. In the case of the court-appointed guardian or power of attorney the format is <court-appointed guardian or power of attorney> for <payee's name>.
Date	The application must be signed and dated; format = mm/dd/yyyy.
ACCOUNT INFORMATION	
Routing number	This is also known as the ABA number and is the first set of nine digits beginning at the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Account number	This is the second set of digits from the left at the bottom of the check or deposit slip. See diagram for actual placement of this number.
Type of account	Choose Savings or Checking .
List all names on the account	List the names of everyone that has permission to use the account and are on file with the financial institution as such.
Financial institution	Enter the name of the financial institution (bank, credit union, savings, etc.).
Address	Enter the street address of the financial institution.
City, State, ZIP Code	Enter the city, state, and ZIP Code of the financial institution.
Telephone number	Enter the financial institution's telephone number with area code.



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Return the completed application with all signatures and required documents and translations to the INPRS address shown at the top of the application.

CHANGES TO INFORMATION: If you have any changes to the information on the form such as name or address, contact customer service at (888) 526-1687. Hours of operation are 8 a.m. to 8 p.m., Monday through Friday. The agency is closed on weekends and holidays, including all State-designated holidays. This ensures that you receive important information about benefits and taxes.

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
	(800) 386-5127 Fax (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired) Toll-free	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor