REQUEST FOR FORMS

Public Employees' Retirement Fund

State Form Number 46459 (R2-2/99)

Quantity	Item Description
_____	Membership Record
_____	Employee Handbook
_____	Change of Beneficiary form
_____	Change of Name and/or Address form
_____	PERF Participation Election form (for school employees who work more than 600 hours and less than 1,000 hours a year)
_____	Employer Certification of Creditable Service
_____	Claim for Refund of Contributions and Suspension of Membership
_____	Estimating Your Retirement Benefits booklet
_____	Request for Estimate of Retirement Benefits
_____	Application for Retirement Benefits
_____	Authorization for Deposit of Recurring Payment
_____	Certification of Earnings and Employment Affidavit
_____	Investment Direction Form
_____	Investing Your Annuity Savings Account Handbook
_____	Request for Forms

Account Number: _____

Mailing Address: _____

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Note: It will not be necessary for you to maintain a supply of the different PERF forms used in the event of a member's death before retirement. PERF will send the appropriate claim form and related documents to the beneficiary.

Send this form to:
Public Employees' Retirement Fund
143 West Market Street, Suite 500
Indianapolis, IN 46204