

Lump Sum Death Benefit (Spouse Only)

Use this form if the Lump
Sum Death Benefit is being
claimed by a spouse.



CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT FOR SPOUSES ONLY

State Form 53684 (R8 / 9-22)

INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: 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 form will not be processed without it.

INSTRUCTIONS

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink.
3. The surviving spouse who is a duly appointed administrator of the deceased member's estate or as a distributee listed on the [Small Estate Affidavit \(State Form 54794\)](#) must complete this form and the affidavit. **The completed, signed, dated, and notarized affidavit must be submitted if this benefit is not paid to an estate.**
4. If a claim is filed by an administrator, include both a copy of the court order establishing the appointment and a copy of the court document showing the tax identification number (EIN).
5. If you are claiming this benefit as a distributee, you must complete the [Small Estate Affidavit \(State Form 54794\)](#) included with this form. Be certain that State Form 53685 is the most recent version. **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit is not paid to the estate.**
6. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

Deceased member's name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number	
Last address <i>(number and street)</i>	City	State	ZIP Code
Date of birth <i>(mm/dd/yyyy)</i>	Date of death <i>(mm/dd/yyyy)</i>		

APPLICANT INFORMATION

Applicant's name				
Address <i>(number and street)</i>		City	State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address		

Complete only ONE of the following:

INSTRUCTIONS

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink.
3. The surviving spouse who is a duly appointed administrator of the deceased member's estate or as a distributee listed on the [Small Estate Affidavit \(State Form 54794\)](#) must complete this form and the affidavit. **The completed, signed, dated, and notarized affidavit must be submitted if this benefit is not paid to an estate.**
4. If a claim is filed by an administrator, executor, or distributee, a copy of the court order appointing the administrator, executor, or distributee and a copy of the court document showing the tax liability of the estate must be submitted with this form and the affidavit. **The completed, signed, dated, and notarized affidavit must be submitted with this form.**
5. If you are claiming this benefit as a surviving spouse, you must complete the [Small Estate Affidavit \(State Form 54794\)](#) included with this form. Be certain that the affidavit is signed, dated, and notarized. **The completed, signed, dated, and notarized affidavit must be submitted with this form.**
6. This completed, signed, dated, and notarized affidavit must be submitted with this form to the Indiana Public Retirement System at the address indicated on this form. The agency is closed on weekends and State-designated holidays.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

Complete this section listing the deceased member's demographic information.

DECEASED MEMBER INFORMATION

Deceased member's name	Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number	
Last address <i>(number and street)</i>	City	State	ZIP Code
Date of birth <i>(mm/dd/yyyy)</i>	Date of death <i>(mm/dd/yyyy)</i>		

APPLICANT INFORMATION

Applicant's name			
Address <i>(number and street)</i>		City	
Telephone number with area code	Other telephone number with area code	E-mail	



If you do not know the deceased member's Pension ID number, leave this field blank.

Complete only ONE of the following:

EIN if claiming for an estate: <ul style="list-style-type: none"> • Required: Letters Testamentary or Letters of Administration. The required court documents 	EIN Number
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6. This completed, signed, dated, and notarized affidavit must be submitted with this form. Be certain that the information is correct and complete.
 7. Questions? Call customer service at 1-800-455-4545.

If payment is to be made to the estate: enter the estate's EIN.
If payment is to be made to an individual and not an estate: enter the individual's social security number.

Completed, signed, dated, and notarized affidavit of INPRS at the address indicated on this form. The information must be correct and complete.
 7. Questions? Call customer service at 1-800-455-4545.

Deceased member's name		Pension ID (PID) number	
Last address (number and street)		State	ZIP Code
Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)	

APPLICANT INFORMATION

Applicant's name				
Address (number and street)		City	State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address		
Complete only ONE of the following:				
EIN if claiming for an estate: <ul style="list-style-type: none"> Required: Letters Testamentary or Letters of Administration. The required court documents must be submitted with this claim form. Complete the remainder of this form, as applicable. 			EIN Number	
Social Security Number if claiming with the Small Estate Affidavit (State Form 54794) submitted with this form <ul style="list-style-type: none"> Complete the remainder of this form, as applicable. Complete the Small Estate Affidavit (State Form 54794). The completed, signed, dated, and notarized affidavit must be submitted with this claim form. 			SSN of Claimant (last 4 digits)*	

PAYMENT ELECTION

I elect to have the total amount of my \$12,000 lump sum death benefit (select only one):


- 6. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number (last 4 digits)*		Pension ID (PID) number	
Last address (number and street)		City		State	ZIP Code
Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)			

APPLICANT INFORMATION

Applicant's name					
Address (number and street)		City		State	ZIP Code
Telephone number with area code		Other telephone number with area code		E-mail address	
<p>Complete only ONE of the following:</p> <ul style="list-style-type: none"> • Required: Letters Testamentary or Letters of Administration. The required court documents must be submitted with this form. • Complete the remainder of this form, as applicable. 					
Social Security Number if claiming with the Small Estate Affidavit (State Form 54794) submitted with this form				SSN of Claimant (last 4 digits)*	
<ul style="list-style-type: none"> • Complete the remainder of this form, as applicable. • Complete the Small Estate Affidavit (State Form 54794). The completed, signed, dated, and notarized affidavit must be submitted with this claim form. 					



If claiming the payment for an ESTATE, you must include a copy of the Letters Testamentary or Letters of Administration, and the IRS notification letter assigning the Estate Identification Number (EIN).

PAYMENT ELECTION

I elect to have the total amount of my \$12,000 lump sum death benefit (select only one):

- Choice A** – Paid directly to me (less mandatory withholding for federal income tax).


- 6. This completed, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number (last 4 digits)*		Pension ID (PID) number	
Last address (number and street)		City		State	ZIP Code
Date of birth (mm/dd/yyyy)		Date of death (mm/dd/yyyy)			

APPLICANT INFORMATION

Applicant's name					
Address (number and street)		City		State	ZIP Code
Telephone number (include area code)					
Complete only one of the following: <ul style="list-style-type: none"> • Required: Letters Testamentary or Letters of Administration. The required court documents must be submitted with this claim form. • Complete the remainder of this form, as applicable. 				EIN Number	
Social Security Number if claiming with the <i>Small Estate Affidavit (State Form 54794)</i> submitted with this form <ul style="list-style-type: none"> • Complete the remainder of this form, as applicable. • Complete the Small Estate Affidavit (State Form 54794). The completed, signed, dated, and notarized affidavit must be submitted with this claim form. 				SSN of Claimant (last 4 digits)*	



If claiming the payment for an **INDIVIDUAL**, you must include a completed, signed, dated, and notarized **Small Estate Affidavit**.

PAYMENT ELECTION

I elect to have the total amount of my \$12,000 lump sum death benefit (select only one):

- Choice A** – Paid directly to me (less mandatory withholding for federal income tax).

Telephone number with area code	Other telephone number with area code	E-mail address
<p>Complete only ONE of the following:</p> <p>EIN if claiming for an estate:</p> <ul style="list-style-type: none"> Required: Letters Testamentary must be submitted Complete the remainder of this form, and 		
<p>Social Security Number if claiming for an estate:</p> <ul style="list-style-type: none"> Complete the remainder of this form, and Complete the Small Estate Affidavit (State Form 541) completed, signed, dated, and notarized affidavit must be submitted with this claim form 		<p>EIN Number</p> <p>SSN of Claimant (last 4 digits)*</p>

The spouse has the option of rolling over the payment to an IRA or having the payment made to spouse directly.

PAYMENT ELECTION

I elect to have the total amount of my \$12,000 lump sum death benefit (*select only one*):

- Choice A** – Paid directly to me (less mandatory withholding for federal income tax).
- Choice B** – All in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf.
- Choice C** – *Select only if you want a partial rollover amount of at least \$500.*
 I elect to have a part of my \$12,000 lump sum death benefit paid in the form of a direct rollover to an IRA or a qualified retirement plan which has provisions allowing it to accept the rollover on my behalf. The part of the taxable portion of the distribution which is not directly rolled over will be paid directly to me (less the mandatory withholding for Federal income tax) in the amount of \$_____.

FOR DIRECT ROLLOVER ONLY

If any portion of the lump sum death benefit is being paid in the form of a direct rollover, they must complete this section with the trustee information. Otherwise, leave blank.

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Deceased member's name

Security number (last 4 digits)*

Pension ID (PID) number

PAYMENT ELECTION *(Continued)*

COMPLETE THIS SECTION ONLY IF YOU ELECT CHOICE B OR C.

Trustee name

IRA account number, if applicable

Name of eligible 401(a), 403(a), 403(b), 408(a), 408(b), or governmental 457(b) retirement plan or eligible IRA.

Name:

I represent that the designated plan is a qualified retirement plan or an Individual Retirement Account (IRA) which has provisions allowing it to accept direct rollovers on my behalf. The 1977 Fund should make the direct rollover check for the amount above payable to the above-named trustee.

Signature of applicant

Printed name of applicant

Date (mm/dd/yyyy)

FEDERAL INCOME TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the attached Special Tax Notice for additional information.

Deceased member's name	Pension ID (PID) number
COMPLETE THIS SECTION	
Trustee name	
Name of eligible 401(a), 403(a) or 408(a) plan, IRA, or other IRA. Name:	
I represent that the designated beneficiary is an eligible IRA owner (as defined in Section 408(a)(6) of the Internal Revenue Code) which has provisions allowing it to accept direct rollovers from IRAs and IRAs for the amount above payable to the above-named trustee.	
Signature of applicant	Date (mm/dd/yyyy)

FOR DIRECT PAYMENT ONLY

If any portion of the lump sum death benefit is being paid directly to the applicant, 20% federal tax will automatically be withheld. The applicant can elect to have additional federal taxes above the 20% withheld from the payment. If the entire benefit is being rolled over, leave blank.

FEDERAL INCOME TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax withholding election below. See the attached Special Tax Notice for additional information.

Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.

I elect additional federal income tax withholding of \$_____.

STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION

Box 1: Indiana residents – Indiana income tax withholding for Indiana residents is optional on payments from INPRS. If you elect to have income tax withheld, please check Box 1 below if you are an Indiana resident and would like to have income tax withheld from the taxable portion of your distribution.

- If you elect to have Indiana state income tax withheld. Provide the amount to be withheld.
- If you also elect to have Indiana county income tax withheld. Provide the amount to be withheld and the county.

I elect additional federal income tax withholding of \$ _____

STATE AND COUNTY INCOME TAX WITHHOLDING ELECTION

Box 1: Indiana residents – Indiana income tax withholding for Indiana residents is optional on payments from INPRS. If you elect to have income tax withheld, please check Box 1 below if you are an Indiana resident and would like to have income tax withheld from the taxable portion of your distribution.

- If you elect to have Indiana state income tax withheld. Provide the amount to be withheld.
- If you also elect to have Indiana county income tax withheld. Provide the amount to be withheld and the county applicable.

Box 2: Indiana residents electing **NOT** to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.*

Box 3: Non-residents – Check Box 3 if you are not a resident of Indiana. Note that INPRS does not withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax advisor to determine whether state tax applies to their distribution.

Consult the IRS or a professional tax advisor for further information regarding taxes on your payments.

Box 1: I am an Indiana resident electing to have:

Indiana state income tax withheld from the taxable portion of my distribution

Indiana county income tax withheld from the taxable portion of my distribution
amount of \$ _____ for _____

You must also have state income tax withheld to elect this option.

Box 2: Indiana resident electing **NOT** to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.

Box 3: I am not a resident of Indiana.

FOR DIRECT PAYMENT ONLY

If any portion of the lump sum death benefit is being paid directly to the applicant, it may be subject to state and county taxes. The applicant can elect to have state and county taxes withheld. If the entire benefit is being rolled over, leave blank.

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I, having been sworn, hereby submit this Claim for \$12,000 L

- I hereby certify that I am the person who completed this application.
- I have carefully read the form and understand the same, including all instructions and supplemental documents;

Indiana state income tax withheld from the taxable portion of my distribution in the amount of \$ _____.

Indiana county income tax withheld from the taxable portion of my distribution in addition to Indiana state income tax in the amount of \$ _____ for _____ County.

You must also have state income tax withheld to elect county income tax withholding.

Box 2: Indiana resident electing NOT to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying state tax.*

Box 2: I am not a resident of Indiana.

COMPLETE WITH NOTARY

DECLARATION

I, having been sworn, hereby submit this Claim for \$12,000 Lump Sum Death Benefit and say under oath that:

- I hereby certify that I am the person who completed this distribution application;
- I have carefully read the form and understand the same and that I have read all of the information I have been provided with this application, including all instructions and supplemental documents;
- All the information I have provided and the questions I have answered are full, complete and true, and no material facts have been concealed or omitted;
- I have received and read the Special Tax Notice supplied with this state form.

Signature of applicant

Printed name of applicant

Date (mm/dd/yyyy)

Applicant will need to sign this form in front of a Notary Public.

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This section must be completed by the notary.

Deceased member's name _____	(last 4 digits)* _____	Pension ID (PID) number _____
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NOTARY PUBLIC CERTIFICATION

State of _____
County of _____

SS: _____

Before me the undersigned, a Notary Public for _____ County, State of _____,
Officer's county of residence *Officer's state of residence*
personally appeared _____ and the applicant, being first duly sworn by me upon the
Name of person
applicant's oath, saw that the facts alleged in the foregoing instrument are true.

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

My commission expires: _____
Date (mm/dd/yyyy) Name of officer (printed or typed)

