

Lump Sum Death Benefit (Non-Spouse)

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



CLAIM FOR \$12,000 LUMP SUM DEATH BENEFIT FOR NON-SPOUSE

State Form 53685 (R7 / 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 cannot 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. This claim form must be completed by the duly appointed administrator of the deceased member's estate or an heir listed on the [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to the estate.**
4. If this 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 submit a [Small Estate Affidavit \(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to 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 the 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	
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		

mandatory and this form cannot be processed without it.

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4. If this 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 appointment.
5. If you are claiming this benefit as an heir, you must submit a copy of the court order appointing you as an heir [\(State Form 54794\)](#). **The completed, signed, dated, and notarized affidavit must be submitted with this claim form if this benefit will not be paid to estate.**
6. This completed, signed, dated, and notarized affidavit must be submitted with this claim form to the Indiana Public Retirement System (INPRS) at the address indicated on the form. The agency is closed on designated holidays.
7. Questions? Call customer service, toll-free, at (844) GO-IN-PR, 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 (last 4 digits)*	Pension ID (PID) number	
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	

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

Complete this section listing the applicant's demographic information.

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)*	

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 dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax

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DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number (<i>last 4 digits</i>)*		Pension ID (PID) number	
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
Telephone number with area code			Other telephone number with area code		E-mail address

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).

Complete only ONE of the following:

- 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.

Social Security Number if claiming with the Small Estate Affidavit (State Form 54794) submitted with this form:		SSN of Claimant (<i>last 4 digits</i>)*	
<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. 			

FEDERAL INCOME TAX WITHHOLDING ELECTION

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DECEASED MEMBER INFORMATION

Deceased member's name		Social Security number (last 4 digits)*		Pension ID (PID) number	
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
Telephone number			ZIP Code		
<p>Complete only if claiming for an estate:</p> <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		
<p>Social Security Number if claiming with the <i>Small Estate Affidavit (State Form 54794)</i> submitted with this form:</p> <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.

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 dollar amount to be withheld in addition to the standard percentage of federal income tax. Enter any additional federal tax

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 must be submitted Complete the remainder of this form. 		EIN Number	
Social Security Number if claiming for this form: <ul style="list-style-type: none"> Complete the remainder of this form. Complete the Small Estate Affidavit (signed, dated, and notarized affidavit must be submitted with this form). 		SSN of Claimant (last 4 digits)*	

20% federal tax will automatically be withheld. The applicant can elect to have additional federal taxes above the 20% withheld from the payment.

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 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 *Special Tax Notice* included with this form 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 \$ _____.

Deceased member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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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, 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 a dollar amount to be withheld.
- If you also elect to have Indiana county income tax withheld, provide a dollar 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 applied 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 and elect to have the following withholdings. *You must also have state income tax withheld to elect county income tax withholding.*

Indiana state income tax withheld from my distribution in the amount of _____

Indiana county income tax withheld from my distribution in the amount of _____

\$ _____ for _____

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 your distribution does not relieve you from paying such tax.

Box 3: I am not a resident of Indiana.

This payment may be subject to state and county taxes. The applicant can elect to have state and county taxes withheld.

DECLARATION

- Indiana state income tax withheld from my distribution in the amount of \$ _____.
- Indiana county income tax withheld from 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 allow you to claim a state tax credit.*
- Box 1: 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 claim, 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)
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NOTARY PUBLIC CERTIFICATION

State of _____

County of _____

Before me the undersigned, a _____,

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

applicant's oath, say that the facts alleged in the foregoing instrument are true

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 claim, including a
- All the information I have provided is true and correct, and no material facts have been concealed or omitted;
- I have received and read the information provided to me, and I understand the same.

This section must be completed by the notary.

Signature of applicant

Date (mm/dd/yyyy)

NOTARY PUBLIC CERTIFICATION

State of _____

SS:

SEAL

NOTARY ONLY

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 the applicant, being first duly sworn by me upon the

Name of person

applicant's oath, say 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)