

Small Estate Affidavit

(State Form 54794)

This form must be completed if filing a claim for the lump sum death benefit for a person/s not an estate.



SMALL ESTATE AFFIDAVIT

State Form 54794 (R8 / 9-22)

INDIANA PUBLIC RETIREMENT SYSTEM

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 your Social Security number pursuant to the requirements of Internal Revenue Code 3405. This disclosure is mandatory and this form cannot be processed without this information.

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 the form.
2. Type or print using black ink. Complete all information.
3. 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.
4. Questions or changes? Call customer service at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

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

AFFIDAVIT

Claimant Information

This form allows for the entry of two (2) claimants. If there are more than two (2) claimants, submit additional copies of the completed, signed, dated, and notarized form with the other claimant information.

Claimant's name	Social Security number* / Trust EIN	Date of birth (<i>mm/dd/yyyy</i>)
Address (<i>number and street</i>)		Portion of account being claimed
City	State	ZIP Code
Claimant's name	Social Security number* / Trust EIN	Date of birth (<i>mm/dd/yyyy</i>)
Address (<i>number and street</i>)		Portion of account being claimed
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Affiant Information



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Complete this section listing deceased member's demographic information.

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DECEASED MEMBER INFORMATION		
Member's name	Social Security number* (last 4 digits)	Pension ID (PID) number
Address (number and street)		Date of death (mm/dd/yyyy)
City	State	ZIP Code

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City	State	ZIP Code
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Claimant's name	Social Security number* / Trust EIN	Date of birth (mm/dd/yyyy)
Address (number and street)		Portion of account being claimed
City	State	ZIP Code
Claimant's name	Social Security number* / Trust EIN	Date of birth (mm/dd/yyyy)
Address (number and street)		Portion of account being claimed
City	ZIP Code	

Complete this section naming the person (claimant) who should receive payment.

Item 1 of the Affiant Information section of this form.

OTHER INFORMATION section of

I, _____, the affiant herein and pursuant to [IC 29-1-8-1](#), [IC 29-1-8-1\(b\)\(1\)](#) being duly sworn, Affiant's name attest that the following statements are true:

IMPORTANT NOTE
 This is a generic state form. Only one (1) person can claim the Lump Sum Death Benefit. While this form provides fields for multiple claimants, the Lump Sum Death Benefit will not be divided amongst claimants.

2. Forty-five (45) days have elapsed since the death of the member.

Address (number and street)

Portion of account being claimed

COMPLETE WITH NOTARY

Affiant Information

Item 1 of the Affiant Information section is based on the Date of Death entry in the DECEASED MEMBER INFORMATION section of this form.

I, _____, the affiant herein and pursuant to [IC 29-1-8-1](#), [IC 29-1-8-1\(b\)\(1\)](#) being duly sworn,
Affiant's name

attest that the following statements are true:

1. The value of the gross probate estate, wherever located (less liens and encumbrances) does not exceed fifty thousand dollars (\$50,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2006 and before July 1, 2022**,
or
The value of the gross probate estate, wherever located (less liens and encumbrances) does not exceed one hundred thousand dollars (\$100,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2022**.
2. Forty-five (45) days have elapsed since the death of the member.
3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
4. The aforementioned person(s) are entitled to the member's account as shown above.
5. I have notified each person identified in the member's account as shown above.
6. I am entitled to payment of the member's account as shown above.

Affiant's signature

Date (mm/dd/yyyy)

This section is completed by the person filling out and signing the form (Affiant) in front of a notary public. In some circumstances, the Affiant and the Claimant are not the same person.

This section must be completed by the notary.

Member's name	Member's number (last 4 digits)	Pension ID (PID) number
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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 the affiant, being first duly sworn by me upon the affiant's Name of person _____

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)

