

Transfer Under the Indiana Uniform Transfer to Minors Act (State Form 53674)

If any of the survivors listed on the Application for Survivor Benefits are under the age of 18, an UTMA form must be completed for each minor.



TRANSFER UNDER THE INDIANA UNIFORM TRANSFERS TO MINORS ACT

State Form 53674 (R5 / 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 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 above.
2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
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? Call customer service, Toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

DECEASED MEMBER INFORMATION

Member's name	Social Security number* (last 4 digits)	Pension ID (PID) number
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CUSTODIAN INFORMATION

Custodian's name			
Address (number and street)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

MINOR INFORMATION

Minor's name	Social Security number *		
Address (number and street)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

TRANSFER INFORMATION

The Indiana Public Retirement System hereby transfers to _____, as custodian for
Custodian's name



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INSTRUCTIONS

1. Remove any instruction pages from this form. The Indiana Public Retirement System (INPRS) at the address indicated on the form.
2. Type or print using black ink on each page as requested.
3. This completed, signed, and dated form must be returned to INPRS at the address indicated on the form. The agency is closed on all State-designated holidays.
4. 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

Member's name	Social Security number* (<i>last 4 digits</i>)	Pension ID (PID) number
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CUSTODIAN INFORMATION

Custodian's name		
Address (<i>number and street</i>)	Telephone number with area code	
City	State	ZIP Code



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

MINOR INFORMATION

Minor's name	Social Security number *
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INSTRUCTIONS

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2. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
3. This completed, signed, and dated form must be returned to the Indiana Public Retirement System (INPRS) at the address indicated on the form. The form is not valid if it is dated on a non-business day or a public holiday.
4. Questions? Call customer service at 1-800-455-7272, Monday through Friday, 8 a.m. to 8 p.m. ET.

Complete this section listing the person responsible for the minor's financial affairs.

Member's name

Social Security number* (last 4 digits)

Pension ID (PID) number

CUSTODIAN INFORMATION

Custodian's name

Address (number and street)

Telephone number with area code

Other telephone number with area code

City

State

ZIP Code

E-mail address

MINOR INFORMATION

Minor's name

Social Security number *

Address (number and street)

Telephone number with area code

Other telephone number with area code

City

State

ZIP Code

E-mail address

TRANSFER INFORMATION

The Indiana Public Retirement System hereby transfers to _____, as custodian for

4. Questions? Call customer service, Toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. E.T.

DECEASED MEMBER INFORMATION

Member's name			Pension ID (PID) number
Custodian's name			
Address (number and street)			phone number with area code
City			E-mail address

Complete this section listing the minor's information. The minor's full social security number is required as the benefit will be paid under the minor's social security number.

MINOR INFORMATION

Minor's name		Social Security number *	
Address (number and street)	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

TRANSFER INFORMATION

The Indiana Public Retirement System hereby transfers to _____, as custodian for
Custodian's name



IMPORTANT NOTE

Each minor must have a separate UTMA form if they are to receive survivor benefits.

COMPLETE WITH NOTARY

Member name _____

Social Security Number (last 4 digits) _____

Pension ID (ID number) _____

CUSTODIAN AFFIDAVIT

By signing below, I, _____, as custodian for _____ under the Indiana
Custodian's name *Minor's name*
Uniform Transfers to Minors Act ([IC 30-2-8.5](#)), acknowledge receipt of the property described in the form and agree to hold said
proceeds for the exclusive benefit of _____. In consideration of the monthly benefit payment to me on
Minor's name
behalf of _____, I, _____, on behalf of myself, my estate, heirs, successors, and
Minor's name *Custodian's name*
assigns, hereby release INPRS from any and all claims, demands, causes of action, or suits that may exist or might be asserted in
connection with said payment.

Custodian's signature _____

Date (mm/dd/yyyy) _____

State of _____

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 custodian, being first duly sworn by me upon the _____

The person in charge of the minor's financial affairs will need to complete and sign this section in front of a Notary Public.

proceeds for the exclusive benefit of _____ *Minor's name*. In consideration of the monthly benefit payment to me on behalf of _____ *Minor's name* on behalf of myself, my estate, heirs, successors, and assigns, hereby release INPR _____ exist or might be asserted in connection with said payment.

This section must be completed by the notary.

Custodian's signature

Date (mm/dd/yyyy)

NOTARY PUBLIC CERTIFICATION

State of _____

SS:

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____, personally appeared _____ and the custodian, being first duly sworn by me upon the

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

Signed and sealed on this _____ day of _____, 20____. _____

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

NOTARY ONLY

SEAL