



## Pension Relief Distribution Bank Information

Please complete and return this form if you need to make a change in the bank account to which your Pension Relief distribution will be deposited. If no change is needed, this form need not be returned.

If changes are needed, please fax or mail the completed form to be received in the INPRS office no later than June 1 for your first scheduled deposit and no later than September 1 for the second scheduled deposit. For security reasons, please do not email this form to INPRS.

FAX: (317) 234-6692 INPRS  
ATTN: EPPA  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204

Submission Unit Name	Submission Unit ID	Name of Financial Institution
Routing Number	Bank Account Number	
Submission Unit Address	Submission Unit Phone Number with Area Code	
Authorized Agent's Name (printed)	Authorized Agent's Title	
Authorized Agent's Signature	Date (mm/dd/yyyy)	

I understand it is my responsibility to notify the above financial institution regarding the electronic fund transfer (EFT). Failure to do so could result in non-receipt of the pension relief installment. If you have any questions, please feel free to contact our office at (888) 876-2707 Monday through Friday, 8 a.m. to 5p.m. Eastern Time, or by email at [eppa@inprs.in.gov](mailto:eppa@inprs.in.gov).