



## LIMITED POWER OF ATTORNEY FOR MEMBERS AND RECIPIENTS

State Form 49614 (R7 / 4-18)

### INDIANA PUBLIC RETIREMENT SYSTEM

E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)

Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

### VOYA FINANCIAL

Attn: Indiana Public Retirement System

P.O. Box 24747

Jacksonville, FL 32241-4747

Telephone: (844) GO-INPRS (Toll-free)

Fax: 844-265-5840 (Toll-free)

\* Your Social Security number is being requested by this agency 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) to the address or fax number above.
2. Type or print using black ink.
3. Questions? Call customer service, toll-free at (844) GO-INPRS, Monday- Friday, 8 a.m. - 5 p.m. EST.

### MEMBER OR RECIPIENT INFORMATION

Name of member or recipient	Social Security number (last 4 digits)*		Pension ID (PID) number
Address (number and street)	Date of birth (mm/dd/yyyy)	Telephone number with area code	
City	State	ZIP Code	E-mail address

### MEMBER FUND (Choose one)

- |                                                                 |                                                                    |
|-----------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> 1977 Police and Firefighters' Fund     | <input type="checkbox"/> Conservation/Excise/Gaming Officers' Plan |
| <input type="checkbox"/> Judges' Benefit System                 | <input type="checkbox"/> Legislators' Retirement System            |
| <input type="checkbox"/> Prosecuting Attorneys' Retirement Fund | <input type="checkbox"/> Teachers' Retirement Fund                 |
| <input type="checkbox"/> Public Employees' Retirement Fund      | <input type="checkbox"/> TRF My Choice Retirement Savings Plan     |
| <input type="checkbox"/> PERF My Choice Retirement Savings Plan |                                                                    |

### ATTORNEY-IN-FACT POWERS

Pursuant to IC 30-5-4-1, I, \_\_\_\_\_, do hereby ☐ appoint ☐ rescind (Check one)  
Name of member or recipient

\_\_\_\_\_ as my attorney-in-fact to obtain account information, sign and execute documents on my behalf, and conduct all business including investment allocations, as it relates to my account. Unless otherwise stated, this Power of Attorney (POA) remains in effect unless revoked in writing to the Indiana Public Retirement System by the member. This POA does not give the attorney-in-fact power beyond what the principal would have under the terms of the plan(s).

Address of attorney-in-fact	Date POA begins (mm/dd/yyyy)	Date POA ends (mm/dd/yyyy)	
City	State	ZIP Code	Telephone number with area code
Signature of member or recipient			Date (mm/dd/yyyy)

### 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 he/she, being first duly sworn by me upon his/her oath,  
Name of person  
say that the facts alleged in the foregoing instrument are true. SEAL  
Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
Signature  
My commission expires: \_\_\_\_\_  
Date (mm/dd/yyyy) Name of officer (printed or typed)

# INSTRUCTIONS FOR LIMITED POWER OF ATTORNEY FOR MEMBERS AND RECIPIENTS

State Form 49614

## IMPORTANT

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) to the address or fax number on the form.
2. Type or print using black ink.
3. Questions? Call customer service, toll-free at (844) GO-INPRS, Monday- Friday, 8 a.m. - 5 p.m. EST.

Entry field	Field description
<b>MEMBER OR RECIPIENT INFORMATION</b>	
Member's name	Enter the member's complete name.
Social Security number	Enter the last four digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's mailing address.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy
Telephone number	Enter the member's telephone number including area code.
E-mail address	Enter the member's e-mail address, if applicable.
<b>MEMBER FUND (Choose one)</b>	
Member fund	Select the appropriate fund.
<b>ATTORNEY-IN-FACT POWERS</b>	
Member's name	Enter the member's complete name.
Action	Choose either to appoint or rescind the attorney-in-fact powers.
Attorney-in-fact name	Enter the attorney-in-fact's complete name.
Address, City, State, ZIP Code	Enter the dependent's mailing address.
Date POA begins	Enter the effective date of the POA form; format = mm/dd/yyyy.
Date POA ends (optional)	Enter the ending date of the POA form; format= mm/dd/yyyy.
Telephone number	Enter the attorney-in-fact's telephone number including area code.
Attorney-in-fact's signature and date	The attorney-in-fact must sign and date this section of the form; format = mm/dd/yyyy.
<b>NOTARY PUBLIC CERTIFICATION</b>	
This application must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm the truth of all the information supplied on this application. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.	

HELPFUL INFORMATION			
	INPRS	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(844) 265-5840 Fax Toll-free	(800) 829-4477 Tele Tax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>