



DEATH REPORT

State Form 50790 (R2 / 5-08)
Approved by State Board of Accounts, 2008

INDIANA STATE TEACHERS RETIREMENT FUND

150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3860
Toll Free: (888) 286-3544
Fax: (317) 232-3882 Web: <http://www.in.gov/trf>

Privacy Notice

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

PLEASE SUBMIT A COPY OF THE DEATH CERTIFICATE WITH THIS FORM.

DECEASED MEMBER'S INFORMATION		
Name of deceased		Today's Date (<i>month, day, year</i>)
Social Security number of deceased	TRF number	Date of death (<i>month, day, year</i>)
CONTACT INFORMATION		
Is there a surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please verify their Social Security number and date of birth:		
Social Security number: _____		Date of birth: _____
If no, indicate your relationship to deceased:		
Contact name		
Contact address		Home telephone number:
		Other telephone number:
City	State	ZIP code

OFFICE USE ONLY: Date file was ordered: _____

Payee's name & relationship: _____

Social Security number: _____ Address: _____

Insurance: _____ N _____ Y \$ _____

Stop made: _____ Pension Option Benefit/ASA Option: _____ Retirement date: _____

Survivor Amount: \$ _____

Member Gross Amount: \$ _____ Payment date: _____

Final Payment Amount: \$ _____

Comments: _____

Prepared by: _____

Audited by: _____

Date: _____

Date: _____