



**AFFIDAVIT OF DISTRIBUTEE FOR DEATH
BENEFIT OF DECEASED MEMBER**

State Form 17294 (R5 / 12-07)
Approved by State Board of Accounts, 2007

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: 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.

An original death certificate is required to be submitted with this form.

The undersigned herewith make application for withdrawal from the Indiana State Teachers' Retirement Fund of the death benefit due in the account of:

Name of deceased member

Social Security number of deceased member

ISTRF number of deceased member

Date of birth of deceased member (*month, day, year*)

whose death occurred _____, 20_____ and respectfully state to the Board of Trustees of said Indiana State Teachers' Retirement Fund that they are the sole and only distributees entitled to receive the death benefit accrued in the account of said decedent in the Indiana State Teachers' Retirement Fund; and that

- a. no petition for the appointment of personal representative is pending or has been granted, and
- b. forty-five (45) days have elapsed since the death of the decedent, and
- c. the value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed fifty thousand dollars (\$50,000).

This affidavit is filed under authority of the provisions of IC 29-1-8, as amended, providing for dispensing with administration of estates in certain cases.

Name	Street address	
City	State	Zip
Name	Street Address	
City	State	Zip

NOTARY CERTIFICATE

STATE OF _____

SS:

COUNTY OF _____

Subscribed and sworn to me this _____ day of _____ 20 _____

Signature of applicant	Signature of Notary Public
Applicant's Social Security number or EIN of the trust	Printed or typed name of Notary Public
Printed or typed name of applicant	County of residence
Date subscribed and sworn to (Notary Public) (<i>month, day, year</i>)	Date commission expires (<i>month, day, year</i>)