

TEACHERS' RETIREMENT SYSTEM OF THE CITY OF NEW YORK (TRS) 55 Water Street, New York, NY 10041 www.trsnyc.org • 1 (888) 8-NYC-TRS

## **INSTRUCTIONS**

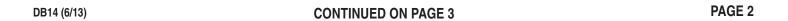
#### PLEASE READ CAREFULLY

- You should file this affidavit ONLY if you answer "No" to ALL of the applicable questions in Part C.
- In accordance with TRS policy, applicable interest will stop accruing on any death benefit due as of the
  date the benefit is paid or six months after the date of the initial TRS letter accompanying your claim forms,
  whichever is earlier. (For more information on how interest is determined, please visit our website and search
  for death benefit interest.)
- This affidavit must be filed in order to claim a benefit payable when there is no designated beneficiary or estate
  of a deceased TRS member.
- Only ONE individual can receive a benefit from TRS under Section 1310. The recipient of this payment will be determined by the below order of qualifying relationship to the deceased TRS member:
  - First Surviving spouse;
  - Second Child who is at least 18 years old;
  - Third Father or mother;

- Fourth Brother or sister;
- Fifth Niece or nephew; or
- Sixth Creditor (or a person who has incurred the decedent's funeral expenses).
- The individual with the highest qualifying relationship must file this affidavit to receive this benefit. If there are two or more members in a relationship category (e.g., siblings), TRS will recognize the filer of this affidavit as the recipient of this benefit.
- All individuals with an equal or higher qualifying relationship than the person or organization filing this affidavit
  must be listed in Part D of this affidavit. Each individual listed in Part D must submit a "Release of Claim Form
  under Section 1310" (code DB28) to TRS before the claimant can receive this benefit; no funds will be released
  until these forms are filed by all applicable individuals. (Note: The person or organization filing this affidavit
  must submit a death certificate for any individual(s) listed in Part D of this affidavit who dies without
  submitting the required "Release of Claim Form under Section 1310.")
- The Internal Revenue Service (IRS) requires that TRS withhold 10% of any lump-sum death benefit payment; however, the claimant may elect to have a percentage other than 10% withheld in Part E of this affidavit. If the claimant does not elect a withholding option in Part E, TRS would automatically withhold 10% of the benefit. Any withheld amount will be sent to the IRS as credit toward the claimant's taxes for the year of distribution.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, we encourage you to contact our Member Services Center at 1 (888) 8-NYC-TRS.



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# CLAIMANT'S AFFIDAVIT FOR BENEFIT UNDER SECTION 1310 SURROGATE'S COURT PROCEDURE ACT



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(NOTE: Please print in black or blue ink, and initial any changes that you make on this affidavit.) PART A: Please complete the below information about the deceased TRS member. First Name MI Last Name Social Security Number (last 4 digits only) Date of Birth (M/D/Y): Date of Death (M/D/Y): TRS Membership/Retirement/TDAB Number PART B: The claimant must provide all information below; please print. , being duly sworn, depose and say that: Claimant's First Name MI Last Name I reside at Permanent Home Address Apt. No. City State Zip Code My relationship to the deceased is \_ Claimant's Social Security Number Claimant's Primary Phone Number (Check one: Home Work Mobile) Claimant's Alternate Phone Number (Check one:  $\square$  Home  $\square$  Work  $\square$  Mobile Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so do not enter a temporary address; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please file a "Beneficiary's Change of Address Form" (code DM14) with TRS. If you are providing new information above, please indicate the effective date:

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■ PART C: Please check the appropriate bo	oxes below. If you answer "yes" to any of the	ne below questions, do <b>NOT</b> file this affidavit.
Has application been made in the estate of Yes No	f the decedent for voluntary administration	n, letters of administration, or probate of a will?
Has a fiduciary qualified been appointed?  Yes No		
If the claimant is someone other than the made under Section 1310 by all debtors kn	e surviving spouse: Does the payment on the claimant, exceed \$15,000?	f this benefit, plus any other payments
debtors known to the claimant, exceed \$3	0,000?	other payments made under Section 1310 by all nigher qualifying relationship than the claimant, as
NAME	RELATIONSHIP	ADDRESS
I understand that the IRS requi	han 10% below) and that TRS will forward f distribution. <b>If I do not choose a withho</b>	n the space provided.  Im death benefit I receive (unless I indicate a the withheld amount to the IRS as credit toward lding option, I understand that TRS would
If applicable, check this box an	d indicate a withholding percentage other	than 10% that you would like applied to the benefit.
PART F: Please check one of the statement	ents below.	
I certify that I will receive the benefit on this affidavit.	claimed under Section 1310: Surrogate's C	Court Procedure Act, under the terms listed
I request that the amount payable to	me be paid to n who has paid or incurred the funeral exp	penses of the decedent.

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**PART G:** Please read the following and sign and date below.

I am entitled to the payment herein and do induce TRS to pay me the amount due, knowing full well that TRS will rely on the truth of the statements herein contained in making such payment. I agree for myself and my executors, administrators, or assigns to hold TRS forever harmless and to indemnify it from any and all liability, loss, damage, claims, suits, costs, or expenses whatsoever which may arise directly or indirectly from making such payment. I hereby certify that the information I have provided on this affidavit is true and correct to the best of my knowledge.

CLAIMANT'S SIGNATURE	DATE (M/D/Y)		
PART H: TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)			
State of	_)		
	) s.s.:		
County of	_)		
On the day of _	,, before me personally appeared the		
person known to me to be			
and known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that			
(s)he executed the same and that the statements contained therein are true.			
Signature:			
fficial Title: Expiration Date of Commission:			

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