



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.



CONTINUED FROM PAGE 1

This page intentionally left blank.





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



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

(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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth (M/D/Y):		Date of Death (M/D/Y):	TRS Membership/Retirement/TDAB Number
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

PART B: The claimant must provide all information below; please print.

I, , *being duly sworn, depose and say that:*
Claimant's First Name MI Last Name

I reside at

Permanent Home Address	Apt. No.
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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: ☐ Home ☐ Work ☐ 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: / /



PART C: Please check the appropriate boxes below. If you answer "yes" to any of the below questions, do **NOT** file this affidavit.

Has application been made in the estate of the decedent for voluntary administration, letters of administration, or probate of a will?

☐ Yes ☐ No

Has a fiduciary qualified been appointed?

☐ Yes ☐ No

If the claimant is someone other than the surviving spouse: Does the payment of this benefit, plus any other payments made under Section 1310 by all debtors known to the claimant, exceed \$15,000?

☐ Yes ☐ No ☐ N/A

If the claimant is the surviving spouse: Does the payment of this benefit, plus any other payments made under Section 1310 by all debtors known to the claimant, exceed \$30,000?

☐ Yes ☐ No ☐ N/A

PART D: Please list below the names and addresses of everyone with an equal or higher qualifying relationship than the claimant, as indicated in the Instructions on page 1.

NAME	RELATIONSHIP	ADDRESS

PART E: Please select one of the withholding options below, and write your initials in the space provided.

☐ I understand that the IRS requires that TRS withhold 10% of any lump-sum death benefit I receive (unless I indicate a withholding percentage other than 10% below) and that TRS will forward the withheld amount to the IRS as credit toward my federal taxes for the year of distribution. **If I do not choose a withholding option, I understand that TRS would automatically withhold 10% of the benefit.**

☐ If applicable, check this box and indicate a withholding percentage other than 10% that you would like applied to the benefit.

PART F: Please check one of the statements below.

☐ I certify that I will receive the benefit claimed under Section 1310: Surrogate's Court Procedure Act, under the terms listed on this affidavit.

☐ I request that the amount payable to me be paid to _____, a creditor of the decedent, or a person who has paid or incurred the funeral expenses of the decedent.

CLAIMANT'S SIGNATURE _____ DATE (M/D/Y) _____

Official Title: _____ Expiration Date of Commission: _____