



**Teachers' Retirement System of Louisiana**  
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Form 13E (12/14)

**09-13E**

Check here if multiple forms submitted to cover more than eight heirs.

## Application for Payment to Surviving Spouse/Children

**Print in ink or type all entries except signatures.** This application is used when payment on the deceased member's account is to be issued to the surviving spouse, or to the surviving children over the age of majority if there is no surviving spouse.

All sections must be completed in accordance with LA R.S. 11:165

Section 1 — Deceased Member Information													
Deceased retiree's name: Last, first, MI, suffix (Jr., III, etc.)													
Deceased retiree's address													
Date of death	Place of death												
Social Security number													
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Section 2 — Applicant Information (spouse or major child)													
Name: Last, first, MI, suffix (Jr., III, etc.)													
Street / P.O. Box													
City, state, zip	Date of birth												
Daytime telephone (       )	Evening telephone (       )												
Relationship to deceased													
<input type="checkbox"/> Spouse (divorce not filed) <input type="checkbox"/> Major child (over 18)													
<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													

*NOTE: If applicant is the surviving spouse, there may be no divorce proceedings instituted between applicant and decedent in order for payment to be made to spouse only. If applicant is major child, there is no surviving spouse, or divorce proceedings have been instituted between spouse and decedent, then payment will be made to child(ren) of majority only.*

Decedent is survived by applicant and the following children of majority listed in Section 3 below and continued on back:

Section 3 — Major Child Information - Complete ONLY if no surviving spouse													
Name: Last, first, MI, suffix (Jr., III, etc.)													
Street / P.O. Box													
City, state, zip	Date of birth												
Daytime telephone (       )	Evening telephone (       )												
Social Security number													
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Required signatures on reverse side.

Deceased's Social Security number

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**Section 3 — Major Child Information - Complete ONLY if no surviving spouse (continued)**

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number
Street / P.O. Box		
City, state, zip		Date of birth
Daytime telephone ( )	Evening telephone ( )	___ / ___ / ___ mm-dd-yyyy
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number
Street / P.O. Box		
City, state, zip		Date of birth
Daytime telephone ( )	Evening telephone ( )	___ / ___ / ___ mm-dd-yyyy
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number
Street / P.O. Box		
City, state, zip		Date of birth
Daytime telephone ( )	Evening telephone ( )	___ / ___ / ___ mm-dd-yyyy
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number
Street / P.O. Box		
City, state, zip		Date of birth
Daytime telephone ( )	Evening telephone ( )	___ / ___ / ___ mm-dd-yyyy
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number
Street / P.O. Box		
City, state, zip		Date of birth
Daytime telephone ( )	Evening telephone ( )	___ / ___ / ___ mm-dd-yyyy

**Section 4 — Applicant signature and witnesses**

Applicant certifies that either the surviving spouse or all children age 18 or older have been included in Section 3 of this form or that multiple Form 13Es have been submitted listing all heirs. If there is no surviving spouse, **failure to provide names of all major children of the decedent will result in a delay of benefit payments.** Applicant wishes to have the check issued to the surviving spouse (or children over age of majority, if there is no surviving spouse) in accordance with Louisiana Revised Statute 9:1515 in lieu of the check being made payable to the estate of the deceased member.

Applicant's signature (do not print or type)	Date signed (mm-dd-yyyy)
▶	

**Must be witnessed by two persons other than the heirs/beneficiaries**

Signature of witness (do not print or type)	Signature of witness (do not print or type)
▶	▶
Street / P.O. Box	Street / P.O. Box
City, state, zip	City, state, zip

**Please ensure that form contains applicant signature and witness signatures. This form will be returned if all signatures are not included.**