



Application for Payment to Surviving Spouse/Children

(Form 13E)

09-13E

rev. 04/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-6366

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 (if no surviving spouse) to the surviving children over the age of majority. **All sections must be completed.**

Section 1 — Deceased member information

Deceased retiree's name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number (###-##-####)	Check here if multiple forms submitted to cover more than eight heirs. <input type="checkbox"/>
Street address / PO box		City, state, zip	
Date of death		Place of death	

Section 2 — Applicant Information (spouse or major child)

NOTE: If applicant is the surviving spouse, there must be no divorce proceedings instituted between applicant and decedent. If applicant is a child of majority, there must be no surviving spouse, or divorce proceedings must have been instituted between spouse and decedent.

Applicant name: Last, first, MI, suffix (Jr., III, etc.)		Applicant Social Security number (###-##-####)
Street address / PO box		Applicant date of birth (mm/dd/yyyy)
City, state, zip		Relationship to deceased
Daytime telephone (include area code)		<input type="checkbox"/> Spouse (divorce not filed) <input type="checkbox"/> Major child (over 18)
Email address		

Section 3 — Major child information (Complete ONLY if no surviving spouse.)

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

Child name: Last, first, MI, suffix (Jr., III, etc.) 1)		Social Security number (###-##-####)
Street address / PO box		City, state, zip
Date of birth (mm/dd/yyyy)		
Daytime telephone (include area code)		Email address
Child name: Last, first, MI, suffix (Jr., III, etc.) 2)		Social Security number (###-##-####)
Street address / PO box		City, state, zip
Date of birth (mm/dd/yyyy)		
Daytime telephone (include area code)		Email address
Child name: Last, first, MI, suffix (Jr., III, etc.) 3)		Social Security number (###-##-####)
Street address / PO box		City, state, zip
Date of birth (mm/dd/yyyy)		
Daytime telephone (include area code)		Email address

Required signatures on reverse side

Deceased member's Social Security number

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Section 3 — Major child information (Complete ONLY if no surviving spouse.) - continued

Child name: Last, first, MI, suffix (Jr., III, etc.) 4)		Social Security number (###-##-####)
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Email address	
Child name: Last, first, MI, suffix (Jr., III, etc.) 5)		Social Security number (###-##-####)
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Email address	
Child name: Last, first, MI, suffix (Jr., III, etc.) 6)		Social Security number (###-##-####)
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Email address	
Child name: Last, first, MI, suffix (Jr., III, etc.) 7)		Social Security number (###-##-####)
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Email address	
Child name: Last, first, MI, suffix (Jr., III, etc.) 8)		Social Security number (###-##-####)
Street address / PO box	City, state, zip	Date of birth (mm/dd/yyyy)
Daytime telephone (include area code)	Email address	

Section 4 — Applicant's 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 LSA R.S. 9:1515 in lieu of the check being made payable to the estate of the deceased member.

Applicant signature (DO NOT PRINT OR TYPE) ▶	Date signed (mm/dd/yyyy)
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Must be witnessed by two persons other than the heirs/beneficiaries

Witness name: Last, first, MI, suffix (Jr., III, etc.) 1)	Witness name: Last, first, MI, suffix (Jr., III, etc.) 2)
Street address / PO box	Street address / PO box
City, state, zip	City, state, zip
Witness signature (DO NOT PRINT OR TYPE) ▶	Witness signature (DO NOT PRINT OR TYPE) ▶

Please ensure form contains applicant and witness signatures. If this form is incomplete, a new blank form will be returned for completion.