



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) |
|---|--------------------------|

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.