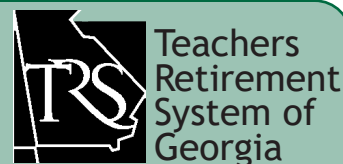


# Application for Survivor's Benefits



▼ To Be Completed by Survivor -- *please print clearly*

## Member Information

Please print or type all of the member's personal information. Incomplete information will delay the processing of the retirement benefit.

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Social Security Number

Or

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TRS ID

Title (Mr, Ms etc.)

Last Name

First Name

Middle Initial

Date of Birth (mm/dd/yyyy)

Date of Death (mm/dd/yyyy)

School System or Institution in which the member was employed during the current year

## Survivor Information

Please print or type all of your personal information. Incomplete information will delay the processing of your retirement benefit.

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Social Security Number

Title (Mr, Ms etc.)

Last Name

First Name

Middle Initial

Relationship to Member

Date of Birth (mm/dd/yyyy)

Sex (M or F)

Street Address (home address)

City

State

Zip Code

## Your Initials

Please read this information and initial next to each heading that you understand and comply with the following TRS regulations.

**TIP** If you have questions about any of the statements listed, please contact TRS by calling (404) 352-6500 or (800) 352-0650.



T R S 1 0 C

**Payment Method:** With the exception of my first monthly check, which will be mailed to my home address, I understand that my subsequent monthly benefit checks will be electronically sent to my financial institution (*see page 2 for EFT section*).

**Required Identification Documents:** In accordance with the requirements for the survivor's benefits application, I have attached photocopies of personal identification containing my date of birth. Acceptable forms of ID are: driver's license, passport, certified birth certificate, immigration papers, or a state ID issued in lieu of a driver's license. My application will not be processed without this identification.

**Taxes:** As required by federal regulations, TRS will withhold federal taxes, based on Single with no adjustments, from the taxable portion of your monthly benefits unless you complete and submit to TRS a (revision 2024 or later) federal form W-4P. Georgia law also considers your benefits taxable but does not require withholding. I understand that I may elect to have Georgia taxes withheld by completing Georgia tax form G-4 and submitting it to TRS. Failure to withhold may result in tax penalties.

Member's Social Security Number

or TRS ID

**Payment Method**

With the exception of your first monthly check, which will be mailed to your home address, your subsequent monthly checks will be electronically sent to your financial institution. Please check only one option.

Please be sure to tape your voided check or deposit slip in the box on the right.

TRS will send your financial institution a notification (prenote) that will alert them that your retirement pay will arrive electronically in the following month.

Your monthly benefit checks are automatically deposited into your banking account via Electronic Funds Transfer (EFT).

- ☐ I wish to deposit my benefit checks into my **CHECKING** account. **My VOIDED CHECK is attached below.**
- ☐ I wish to deposit my benefit checks into my **SAVINGS** account. **My VOIDED DEPOSIT SLIP is attached below.**

(Please use transparent tape across top edge of check or deposit ticket. Do not staple or glue.)

**To have funds deposited to your:**

**CHECKING ACCOUNT:** Please tape a VOIDED CHECK inside this box.

**SAVINGS ACCOUNT:** Please tape a VOIDED savings account DEPOSIT SLIP inside this box.

Your net retirement benefit will be deposited into your account *on the first business day of each month*. A change in your account number will require your benefit to be mailed to your home address until the first business day of the month following the issuance of another prenote to your financial institution.

On the first business day of the month when your EFT services are scheduled to start, you should verify that your financial institution received your deposit. If your deposit has not been made by the second business day of the month, call TRS immediately. Please notify TRS immediately if your financial institution changes your account number and/or routing number.

You will receive notice from TRS only when there is a change in your monthly net benefit. Should any change occur, TRS will send you a notice of the change(s) and the new amount deposited to your account.

**Important Information**

- ♦ The member's employer(s) must complete a Retirement Certification Report for the member and submit it to TRS. This application is not considered complete until both forms arrive in the TRS office.
- ♦ Once you have submitted this retirement application to TRS, you will be sent a general acknowledgment letter. If your application is not acknowledged as being received by TRS within 30 days of your mailing, contact our office immediately.

**Your Signature**

Please sign and date verifying the information provided on this application is accurate.

I hereby apply for Survivor's Benefits effective on the first day of \_\_\_\_\_, \_\_\_\_\_ (Survivor's benefits commence the first of the month following the month in which the member's death occurred. I understand that my monthly benefit will be paid as if the member chose TRS Retirement Plan B, Option 2 (for details, visit [www.trsga.com](http://www.trsga.com)).

I certify that I am the person named as beneficiary by the member and so designated in the files maintained by the Teachers Retirement System of Georgia. I am attaching, or have already provided, a copy of the Certificate of Death relating to the named member. I understand that upon my death no further benefits will accrue to any person nor to my estate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date