

Received Date

Affidavit for Benefit Payment (1310.4)

RS 4139

(Rev. 10/18)

Please type or print clearly
in blue or black ink

Deceased NYSLRS ID

--	--	--	--	--	--	--	--	--	--

Deceased
Social Security Number [last 4 digits]

XXX-XX-

Retirement System [check one]

Employees' Retirement System (ERS)
Police and Fire' Retirement System (PFRS)

To the Comptroller of the State of New York:

I, _____, being duly sworn, deposes and says:

1. That I am over the age of 18 years and reside at _____
(Number and Street)
_____, _____
(City) *(County)*
_____, _____
(State) *(Zip Code)*

2. That this affidavit is made pursuant to the provisions of Section 1310.4 of the Surrogate's Court Procedure Act, and by reason of the death of _____
(Deceased Name)

3. I attest that I am the _____ of the deceased who died on ____/____/____.
(Relationship to Deceased)

4. I affirm that no executor or administrator of the estate of said deceased has qualified or been appointed.

5. I affirm that the deceased was not survived by a spouse or minor child.

6. That I have been informed and believe that a benefit in the amount of \$ _____ is due and owing to
(See Correspondence)

the estate of said deceased from the New York State and Local Retirement System, and that this payment and all other payments made under Section 1310.4 of the Surrogate's Court Procedure Act by all debtors, known me, after diligent inquiry, does not in aggregate exceed the limit set forth in Section 1310.4 of the Surrogate's Court Procedure Act.

7. That I am entitled to payment of the above sum pursuant to the provisions of Section 1310.4 of the Surrogate's Court Procedure Act. **Payment is to be made six (6) months after the pensioner's death.**

8. That, upon information and belief, there is no designation of beneficiary by the deceased which would prevent me from receiving this benefit.

9. This affidavit is made for the purpose of procuring the payment of said benefit to myself.

10. For United States Tax Withholding and Reporting Purposes: (please check one),

I am currently a: US Citizen Resident Alien Non-resident Alien



If you are a U.S. Citizen or Resident Alien:

This form will be used as a substitute IRS Form W-9. Under penalty or perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am writing for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from back withholdings; or (b) I have not been notified by the Internal Revenue Service (IRS) I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me I am no longer subject to backup withholding (**You must cross out item 2 if you have been notified by the IRS you are currently subject to backup withholding because you failed to report all interest or dividends on your tax return**).
3. I am a U.S. Citizen/Resident Alien (defined in the instructions); and
4. FATCA code(s) are not applicable due to NYSLRS exemption from FATCA reporting.

IRS Forms W-9 instructions are available on the website, www.irs.gov/pub/irs-pdf/fw9.pdf.

If you are a Non-resident Alien:

You must complete and submit IRS Form W-8BEN along with your application. IRS Form W-8BEN and instructions are available at the IRS website, www.irs.gov/pub/irs-pdf/fw8ben.pdf and www.irs.gov/pub/irs-pdf/iw8ben.pdf. Applications received without Form W-8BEN will be rejected.

“The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.”

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

Your Social Security Number*: _____ Your Signature: _____
(Required)

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____ On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

***Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.