



Teachers' Retirement System of Oklahoma
P.O. Box 53524
Oklahoma City, OK 73152-3524
TRS Member Services: 877-738-6365 (toll-free)
or 405-521-2387 (OKC)
Fax: 405-522-1534

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF HEIRSHIP & HOLD HARMLESS AGREEMENT (TRS FORM 11)

This affidavit form applies to the benefit of any deceased member's account who has either not named a beneficiary or whose beneficiary has pre-deceased them. This form can only be used if the following are applicable:

- The member did not list a beneficiary, or
- The member listed their Estate as beneficiary, or
- The member's listed beneficiary pre-deceased them,
and
- The total account balance is not more than \$25,000, and
- A probate proceeding is not pending and has never been filed in district court.

The following are the steps for completing this affidavit:

1. **Each claiming heir shall complete a separate Affidavit for submission to TRS.**
2. Lines 1-4: Each claiming heir shall enter their personal information and relationship to the member.
3. Line 5: Indicate whether a Will or Trust document exists.
 - a. If a will exists, it must be provided to TRS.
 - b. If a trust exists, the entirety of the trust document, together with the member's pour-over will, must be provided to TRS.
4. Line 6: List each potential heir (including yourself) by name with their claimed individual percentage of the listed benefit. (Example: Name of Heir 1-25%, Name of Heir 2-25%, Name of Heir 3-50%, etc.)
 - a. This information must match the information submitted on affidavits of other claiming heir's affidavits (if applicable).
 - b. Additionally, this information must be consistent with:
 - i. The benefits provided by the will or trust (if applicable); or
 - ii. The statutory provisions for intestate inheritance (inheritance without a will). Please contact TRS with any questions on completing this section.
5. Line 8: Describe the benefit being claimed (death benefit, remaining account balance, or both) as applicable. Please contact TRS for this information.
6. Line 9: Indicate only the monetary share of the benefit being claimed by you. (Example: if there are 2 beneficiaries each receiving 50% of the total benefit and the total benefit is \$5,000, each beneficiary will list \$2,500 on this line) Please contact TRS for this information.
7. Signatures and Notary: As the claiming heir, you will sign the top section. The second section, Corroborating Affidavit, must be signed by a witness unrelated to the member. ***Both the claiming heir's and witness' signature must be made in the presence of a notary public.***

The following documents will be required as supplemental documentation for your probate waiver request.

- Front & Back copies of the death certificate for the member and any designated beneficiary or potential heirs who pre-deceased the member
 - For pre-deceased potential heirs, the most common example would be spouse and/or child(ren) of the member
- Member’s Last Will & Testament or Trust Agreement in their entirety, (if any)
 - For Trust Agreements, please also provide the associated pour-over will.
- Funeral home invoice for the member’s final expenses

Upon receipt of these documents the System’s legal department will review and make a determination on your request. **TRS’s legal department cannot approve the probate waiver until ALL claiming heirs have returned correctly completed documents.** Once the probate waiver is approved, survivor benefit packets will be prepared and mailed to each listed heir, in their own names for completion and remittance of their portion of the benefit.

Remember to keep a copy of your completed forms for your records.

If you have any questions while completing the documentation, please reach out to TRS at 405-521-2387.

PROBATE WAIVER SUPPLEMENTAL QUESTIONNAIRE

****Please use this only when there is no Will or Trust for the member. ****

Please complete this questionnaire and return to TRS so that we may establish how many potential heirs will be required to complete the Affidavit of Heirship & Hold Harmless Agreement.

Does the member have a living spouse? _____

Does the member have children living or deceased? _____

If so, how many living? _____ And how many deceased? _____

Please provide the names of the living children:

Please provide a copy of the death certificate (front & back) for the deceased child(ren).

If any child(ren) of the member is/are deceased, did the deceased child(ren) leave any living child(ren)?

If so, how many? _____

Please provide the names of living children (which would be grandchildren of the member).

STATE OF _____)
) ss.
COUNTY OF _____)

AFFIDAVIT OF HEIRSHIP & HOLD HARMLESS AGREEMENT

Before me, the undersigned notary, personally appeared _____ (your name here) being of lawful age, having been duly sworn by me upon his/her oath, and did state as follows:

1. That I am _____ (your name here);
2. That I was born on the ____ day of _____, _____, and my social security number is _____ - _____ - _____;
3. That I reside at _____
(street address, city, state, and zip code)
and my telephone number is _____;
4. That I am the deceased's _____ (relationship to deceased) and a claiming heir of the Estate of _____ (name of deceased);
5. That I have provided the System with (check one) ____ the deceased's valid Last Will and Testament or Trust documents (include document with Affidavit), or ____ affirm that no such Will or Trust exists;
6. That the following individual(s) constitute the entirety of the claiming heir(s) to the estate of the deceased and is/are entitled to payment in the following respective proportions (provide names of heirs and respective proportions - attach additional pages if necessary):

7. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction regarding the estate of the deceased;
8. That I am claiming personal property described as follows (death benefit or unpaid contributions or both): _____ and that said personal property is subject to probate;
9. That the amount of personal property I am claiming as my proportionate share of the monies due and owing the Estate of _____ (name of deceased) is \$ _____;
10. That I have been notified of, am aware of, and consent to the identified claims of all the other claiming heirs of the deceased member pending with the System;
11. That each claiming heir is entitled to payment in the respective proportions as set forth in this Affidavit;

- 12. That all debts of the deceased member, including payment of last sickness, hospital, medical, death, funeral, and burial expense have been paid or provided for and supporting documentation has been provided;
- 13. That I agree to indemnify, discharge and hold harmless the Teachers' Retirement System of Oklahoma, its agents, employees, officers, and trustees from any and all liability, obligations, costs, and all claims of any nature whatsoever known or unknown in relation to the payment of any monies due and owing the Estate of _____ (*name of deceased*) pursuant to this Affidavit of Heirship.

FURTHER AFFIANT SAYETH NOT.

Date Signature of Claiming Heir

ON THIS ____ day of _____, 20__, before me personally appeared _____, known to me to be the person who executed the foregoing Affidavit of Heirship & Hold Harmless Agreement, and acknowledged that he/she executed the same as his/her free act and deed.

(seal) _____
Notary Public

My Commission Expires: _____ Commission No.: _____

CORROBORATING AFFIDAVIT

I, _____ (*name of corroborating witness who may not be a member of the deceased's family*), being of lawful age, do hereby attest that I am familiar with the affairs and Estate of _____ (*name of deceased*), that I am not a member of the deceased's family, and that the information contained in the foregoing Affidavit is true and correct as it relates to said Estate to the best of my knowledge.

FURTHER AFFIANT SAYETH NOT.

Date Printed Name of Corroborating Witness Signature of Corroborating Witness

ON THIS ____ day of _____, 20__, before me personally appeared the Corroborating Witness listed above, known to me to be the person who executed the foregoing Corroborating Affidavit, and acknowledged that he/she executed the same as his/her free act and deed.

(seal) _____
Notary Public

My Commission Expires: _____ Commission No.: _____