



**Main Office**  
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 Charlestown, MA 02129-1628  
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Online [mass.gov/mtrs](http://mass.gov/mtrs)

# Application for unclaimed funds

## Instructions to claimant

- 1) **Complete** Parts 1 through 3, below. Be sure to attach a copy of the deceased member's **death certificate** and **documentation regarding your legal or personal relationship** to the member.
- 2) **Send** your completed form to our main office (address above).

Please allow us **60 days** from the date that you submit your completed form to us for processing. Also, be advised that we may request additional information from you, if necessary. If you have any questions, please contact our main office at **617-679-6877**.

M T R S   U S E   O N L Y

## 1) Claimant information

Name (full name required) . First  Middle  Last  Suffix, if any

Address . . . . .  Phone

City  State  Zip

Social Security number .  XXX-XX-XXXX Date of Birth  mm/dd/yyyy

Your relationship to deceased member (check all that apply, and attach documentation of relationship and indicate type, e.g., member's will)

- Executor/executrix . . . . per attached
- Power of attorney . . . . per attached
- Spouse . . . . . per attached
- Parent . . . . . per attached
- Sibling . . . . . per attached
- Child . . . . . per attached
- Former spouse . . . . . per attached
- Other . . . . . per attached

**Additional information?** If you wish to provide any other statement, documentation or information that you think is relevant to your claim and that you think will be helpful to us in determining your eligibility, please include it with this completed application and check this box to indicate that additional documentation is attached. . . . .

## 2) Deceased member information

Name (full name required) . First  Middle  Last  Suffix, if any

Last known address . . .

City  State  Zip

Social Security number .  XXX-XX-XXXX Gender  M  F

Last school district employed by . . . . .

Date of birth . . . . .  mm/dd/yyyy

Date of death . . . . .  mm/dd/yyyy  Copy of death certificate attached (required)

## 3) Claimant signature and statement

I, the claimant named above in Part 1, hereby state, under the penalties of perjury, that the information I have provided in this form is true and complete to the best of my knowledge.

Signature . . . . .  Date