

Department of State Treasurer, Retirement Systems Division
 3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
 phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800



Complete all sections of this form and read the attached Guides. After completing and signing this form before a notary public, send it to the address above. This form is not valid until it has been properly completed, notarized, and received by our office **prior to your death**. Forms submitted with erasures, strike overs, or white-outs in Sections C through F will not be accepted.

| Section A. Tell us about yourself. | | | | | <input type="checkbox"/> Check if there are any changes to your contact information. |
|------------------------------------|-------|-----------|-----------|---------------------|--|
| First Name | M.I. | Last Name | Suffix | SSN (Last 4 digits) | |
| Mailing Address | | | | Member ID | |
| City | State | Zip Code | Telephone | Date of Birth | |

| Section B. Please tell us your retirement system and employer. | |
|---|------------------|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS) | Current Employer |
| <input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS) <input type="checkbox"/> Legislative Retirement System (LRS) | |

| Section C. Select your beneficiary(ies). See Guides for assistance. *REQUIRED FIELD | | | | | | | |
|---|----------------|------|------------|-------------------------|-----|---|---|
| 1 | First Name* | M.I. | Last Name* | Date of Birth* | | Select a Benefit (<i>Select one or both</i>) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions | |
| | Address | | City | State | ZIP | | |
| | Relationship | | | Social Security Number* | | | Select a Beneficiary Type (<i>Select one</i>) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent |
| | E-Mail Address | | | Telephone Number | | | |
| 2 | First Name* | M.I. | Last Name* | Date of Birth* | | Select a Benefit (<i>Select one or both</i>) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions | |
| | Address | | City | State | ZIP | | |
| | Relationship | | | Social Security Number* | | | Select a Beneficiary Type (<i>Select one</i>) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent |
| | E-Mail Address | | | Telephone Number. | | | |

If you are designating more beneficiaries, check the box at left and complete Page 2. ***REQUIRED FIELD**

Section D. Certify your selections.

I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on this form. I acknowledge that the payments shall be a complete discharge of any claim and shall constitute a release of the Retirement System from any further obligation on my account. I understand that by completing and signing this form I acknowledge having read the attached Guides. I reserve the right to change the beneficiary(ies) designated on this form in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strike overs, or white-outs in Sections C through F. I certify by my signature that I have completed this form in its entirety.

Signature _____ Date _____

Section E. Have this form notarized. Improperly notarized forms will not be accepted.

State of _____ County of _____ My Commission Expires _____

I, _____, a notary public for said State and County, do hereby

certify that _____ personally appeared before me

this date and acknowledge the due execution of this form.

Witness my hand and official seal this the _____ day of _____, 20_____

Signature of Notary _____

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This page is intended as a supplement to Page 1, and is optional. If you have more beneficiaries to designate, complete this page and submit with Page 1. Please note that forms submitted with erasures, strike overs, or white-outs in Sections C through F will not be accepted.

Section F. Select your additional beneficiary(ies). (Optional) See Guides for assistance. *REQUIRED FIELD

Please select additional beneficiaries. You do not need to repeat any beneficiaries listed on Page 1.

| | | | | | | | | | |
|----------|----------------|--|------|------------|-------------------------|----------------|-----|---|---|
| 3 | First Name* | | M.I. | Last Name* | | Date of Birth* | | Select a Benefit (<i>Select one or both</i>) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions | |
| | Address | | | City | | State | ZIP | | |
| | Relationship | | | | Social Security Number* | | | | Select a Beneficiary Type (<i>Select one</i>) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent |
| | E-Mail Address | | | | Telephone Number | | | | |
| 4 | First Name* | | M.I. | Last Name* | | Date of Birth* | | Select a Benefit (<i>Select one or both</i>) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions | |
| | Address | | | City | | State | ZIP | | |
| | Relationship | | | | Social Security Number* | | | | Select a Beneficiary Type (<i>Select one</i>) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent |
| | E-Mail Address | | | | Telephone Number | | | | |
| 5 | First Name* | | M.I. | Last Name* | | Date of Birth* | | Select a Benefit (<i>Select one or both</i>) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions | |
| | Address | | | City | | State | ZIP | | |
| | Relationship | | | | Social Security Number* | | | | Select a Beneficiary Type (<i>Select one</i>) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent |
| | E-Mail Address | | | | Telephone Number | | | | |
| 6 | First Name* | | M.I. | Last Name* | | Date of Birth* | | Select a Benefit (<i>Select one or both</i>) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions | |
| | Address | | | City | | State | ZIP | | |
| | Relationship | | | | Social Security Number* | | | | Select a Beneficiary Type (<i>Select one</i>) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent |
| | E-Mail Address | | | | Telephone Number | | | | |

| | | | | | |
|---------------------|--|-----------|-----------|---------------|--------|
| First Name | | M.I. | Last Name | | Suffix |
| SSN (Last 4 digits) | | Member ID | | Date of Birth | |

*REQUIRED FIELD

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Guide A. What is the Death Benefit?

This benefit is available to employees if their employer participated in the Death Benefit, check with your employer for eligibility. With this benefit, if you die while you are contributing to the Retirement System, a one-time payment based on your salary may be paid to your beneficiary(ies).

Teachers' and State Employees' Retirement System. Most members of this system are eligible. For your beneficiary(ies) to receive this benefit, you must have at least one year of contributing service at your death, and you must be either actively working or within 180 days of your effective termination date. The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding your death. The minimum benefit is \$25,000, and the maximum is \$50,000 ([G.S. 135-5](#)).

Local Governmental Employees' Retirement System. Not all members of this system are eligible, unless you are a law enforcement officer. For your beneficiary(ies) to receive this benefit, you must have had at least one year of contributing service and be actively working or within 180 days of your effective termination date. The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding death. The minimum benefit is \$25,000, and the maximum is \$50,000 ([G.S. 128-27](#)).

Consolidated Judicial Retirement System. If you are actively serving at your death, an amount equal to your final annual compensation will be paid to your beneficiary(ies), plus a one-time return of your unused contributions. However, if you are 50 or older, with five years of service, and if your surviving spouse is designated as your only beneficiary, instead of a return of your unused contributions, your spouse may choose to receive a monthly benefit for life or until remarriage ([G.S. 135-63](#)).

Legislative Retirement System. For your beneficiary(ies) to receive this benefit, you must have at least one year of contributing service at your death and you must be actively serving in the General Assembly. The amount of this benefit is equal to your highest annual salary, with a maximum of \$15,000 ([G.S. 120-4.27](#)).

All Systems. Beneficiaries must meet the requirements in Guide C. You may change your beneficiary(ies) for this benefit at any time.

Guide B. What is the Return of Contributions Benefit?

As part of your employment, you regularly contribute six percent of your salary to your retirement system (Legislative Retirement System members contribute seven percent). When you have contributed for five years and received the proper credit, you are "vested" in the retirement system, which means you will be eligible for a monthly benefit when your age and service record qualifies you for retirement.

If you die before you retire, the contributions you have made, plus any amount you paid to purchase retirement credit, will be paid to the beneficiary(ies) you select. Your beneficiaries are entitled to these contributions even if you aren't vested or in active service.

Any beneficiary must meet the requirements in Guide C. You may change your beneficiary(ies) at any time before retirement.

You may list one or multiple principal beneficiaries, but be aware that your choice may affect how benefits are paid when you die.

- A single beneficiary may have the choice to receive a monthly benefit (known as the Survivor's Alternate Benefit) instead of a one-time payment (known as Return of Contributions) if you qualify. A principal beneficiary will not have this choice if more than one principal is living at the time of death and contingent beneficiaries will not have this choice.
- Although there is no limit to the number of principal and contingent beneficiaries you may choose, **you must choose at least one principal beneficiary.**

Guide C. What are the different types of beneficiary(ies) I can select?

A **principal beneficiary** will be the first person or people that you select to receive a benefit payment after your death. You may choose one or multiple principal beneficiaries. A **contingent beneficiary** will be the person or people who will be paid only if all of the principal beneficiaries are deceased at the time of your death. You do not have to select any contingent beneficiaries, but if you do, you must select a principal beneficiary.

You have the option to designate as a beneficiary:

- **A living person.**
- **More than one living person to share the benefit equally.**
- **Your estate.** Write ESTATE in the box asking for a beneficiary's LAST name.
- **A trustee for a living person.** Write TRUST in the box asking for a beneficiary's LAST name, and submit a copy of the trust agreement with this form.

Here are some guidelines you should follow when selecting beneficiaries:

- You must supply the name, Social Security number and date of birth of each beneficiary listed.
- Although there is no limit to the number of principal and contingent beneficiaries you may choose, **you must choose at least one principal beneficiary** before a contingent can be chosen.
- If you list multiple beneficiaries, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among the beneficiaries.
- Your beneficiary(ies) cannot be an unborn child, a pet, a church, or institution.
- You don't need permission from the beneficiary(ies) to make or change the designation; however, if a court order directs you to designate someone as a beneficiary, you must comply with the order.
- You don't have to make your beneficiary(ies) aware of this designation.
- You don't have to name relatives as beneficiary(ies).

Guide D. How is this benefit paid to my beneficiary(ies)?

After your death is reported and a certified copy of the death certificate is received, the Retirement Systems Division will determine what benefits are payable. Any benefit will be paid to your principal beneficiary(ies), but if your principal beneficiaries are deceased at the time of your death, the benefit will be paid to any contingent beneficiary(ies). If you chose multiple co-beneficiaries and one is deceased at the time of your death, the benefit will be paid to the surviving co-beneficiary(ies).

If a beneficiary is a minor, payment will be made to the qualified guardian of the minor, the Clerk of Courts in the county where the minor lives, or the minor after he/she reaches the age of majority. (Generally, the age of majority in North Carolina is 18.)

If you named your estate as your beneficiary, or if no named principal or contingent beneficiary is alive at your death:

- Payment will be made to your legal representative (usually your estate).
- If that isn't possible, payment may be paid to the Clerk of Court to handle according to the laws of the state.