

**ATTENTION: New Hires of Duplin County Schools**

**Welcome to Duplin County Schools. We are very happy to have you as a member the Duplin County Schools Family.**

**As an employee with Duplin County Schools you are required to participate in the Retirement System.**

**After receiving your very first pay check, you are required to enroll in the Retirement System.**

**The Retirement System email address is: [www.myncretirement.com](http://www.myncretirement.com)**

**The address for the Retirement System is:**

**NC Department of State Treasurer**

**Retirement Systems Division**

**325 North Salisbury Street**

**Raleigh, NC 27603-1385**

**Phone: (919) 807-3050**

**Toll Free: (877) 627-3287**

**If you have any questions concerning the enrollment process, please feel free to contact me at 910-296-6649 or via email at [bmiller@duplinschools.net](mailto:bmiller@duplinschools.net)**

**Sincerely,**

**Bonnie Miller  
Licensure Specialist**

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**Employee  
Signature**

**Date**



## NORTH CAROLINA

OFFICE OF THE TREASURER

JANET COWELL, TREASURER

Dear Member:

Welcome to the North Carolina Teachers' and State Employees' Retirement System. As a North Carolina public employee, your retirement benefits are administered by the Department of State Treasurer's Retirement Systems Division. As your State Treasurer, I encourage you to learn about your retirement benefits and plan for your financial future.

Attached is a new member information packet that:

- Summarizes the benefits under your retirement system and
- Presents two partner plans: the NC 401(k) Plan and the NC Deferred Compensation (457) Plan

As a new employee, you can designate your beneficiaries online for the employee death benefit or for a return of contributions in the event of your death prior to retirement. This convenient online process is only available to members with less than 10 years of service, so I encourage you to take advantage of the opportunity.

You can track your retirement information and complete your beneficiary designations through ORBIT (Online Retirement Benefits through Integrated Technology), which provides secure, online access 24 hours a day. Visit [www.myncretirement.com](http://www.myncretirement.com) and click on the "ORBIT" button to register and log on.

We are cautious in protecting your personal information and limit the display of Social Security numbers on retirement-related communication. Please use your Member identification number, located in your personal ORBIT account, in all correspondence with our office.

Thank you for giving me the opportunity to serve as your Treasurer. My staff and I want to be helpful to you as you learn about your retirement benefits and plan for your financial future. Please do not hesitate to call us with questions. Our retirement counselors are available at 1-877-627-3287 (toll free) or 919-807-3050 (in the Raleigh area) from 8:00 a.m. to 5:30 p.m., Monday through Friday.

Sincerely,

A handwritten signature in cursive script that reads "Janet Cowell".

Janet Cowell



# Designating Beneficiary(ies) for the Death Benefit



Please print or type in black ink.

No erasures, strikeouts, or white-outs permitted in Sections C through G. Please do not staple pages.

## Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME		SUFFIX	SSN (Last 4 digits)
MAILING ADDRESS					MEMBER ID
CITY	STATE	ZIP CODE	TELEPHONE NO.		DATE OF BIRTH
E-MAIL ADDRESS					

You may not use this form to change your address. See your employer or visit [www.myncretirement.com](http://www.myncretirement.com) to change your address.

## Section B. Please check the Retirement System that applies and list your current employer.

A separate form is required for each System. Please note that this form, 2DB, is for active members only. Retirees of any System should use a Form 336 to designate beneficiary(ies) for undistributed contributions.

- |   |   |
|---|---|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) | <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS) |
| <input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS)  | <input type="checkbox"/> Legislative Retirement System (LRS)            |

CURRENT EMPLOYER \_\_\_\_\_

## Section C. Complete the following pages and then authorize them with your signature here.

I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on page 2 of 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 Guides. I reserve the right to change the beneficiary(ies) designated on page 2 of this form in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strikeouts, or white-outs in Sections C through H. I certify by my signature that I have completed all pages of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section D. Please have this form notarized. Improperly notarized forms will not be accepted.

### Notary Public Certification

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, a notary public for said State and County,

do hereby certify that \_\_\_\_\_ personally appeared

INK SEAL  
HERE

before me this date and acknowledged the due execution of this Form 2DB.

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

Signature of Notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_

## Section E. After the completed and signed form is notarized, please submit the form by mail.

You may mail the completed form to the address below. Your beneficiary designation will not be valid until this form has been properly completed, notarized, and received by our office prior to your death. If any erasures, strikeouts, or white-outs are found in any signature line, beneficiary designations, or notary section, this form will not be acceptable, and you will need to complete a new Form 2DB. Upon receipt of this form, the Retirement System will mail an acknowledgment letter to you. Only the Form 2DB most recently received by the Retirement Systems Division and properly completed and notarized will be effective.

Please continue to the next page.

**Section F. Please designate PRINCIPAL beneficiary(ies). See Guide C**

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

If you are designating more than three principal beneficiaries, please attach a continuation page and check the box at left.

**Section G. Please designate CONTINGENT beneficiary(ies). See Guide C**

*If you listed more than one person in Section F, do not complete this section. The Contingent beneficiary(ies) is only paid in the event the principal beneficiary is deceased.*

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

If you are designating more than three contingent beneficiaries, please attach a continuation page and check the box at left.

**See Section E for instructions for submitting this form.**

DESIGNATION DATE:	MEMBER SSN (Last 4 digits)
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# Continuation Page for Form 2DB (Duplicate As Necessary)

Please print or type in black ink.  
No erasures, strikeouts, or white-outs permitted on this page.

**Section H. Please designate additional beneficiary(ies) (optional).**

**a** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**b** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**c** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**d** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**e** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

See Section E for instructions for submitting this form.

DESIGNATION DATE	MEMBER SSN



## Guide A. What is the Death Benefit?

### Beneficiary(ies) for the Death Benefit must be designated on Form 2DB.

As part of your employment with an employer that participates in the Death Benefit, should you die while you are contributing to the Retirement System, a one-time payment based on your salary may be paid to the beneficiary(ies) that you designate. The specific service requirements, benefit amount, and additional details for each Retirement System are described below.

**Teachers' and State Employees' Retirement System.** Most members of this System are eligible for this benefit. 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 in active service or within 180 days of your effective termination date (the last day for which you received compensation subject to contributions). The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding your death, to a minimum of \$25,000 and a maximum of \$50,000. (G.S. 135-5)

**Local Governmental Employees' Retirement System.** Not all members of this System are eligible for this benefit; see your employer to find out if they chose to participate in this benefit. All law enforcement officers in this System are eligible for this benefit. 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 in active service 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, to a minimum of \$25,000 and a maximum of \$50,000. (G.S. 128-27)

**Consolidated Judicial Retirement System.** If you are in active service at your death, an amount equal to your final annual rate of compensation will be paid to your beneficiary (ies) plus a one-time payment of your undistributed contributions. However, if you are at least age 50 with five years of service and if your surviving spouse is designated as your single principal beneficiary, instead of the payment of your undistributed contributions, your spouse will have the choice 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, to a maximum of \$15,000. (G.S. 120-4)

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

- You may list one or multiple principal beneficiaries. If you limit your designation to a single principal beneficiary, you may designate one or multiple contingent beneficiary(ies).
- If you list multiple beneficiaries in any case, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among multiple beneficiaries.

## Guide B. What is the Return of (Undistributed) Contributions benefit?

### Beneficiary(ies) for Return of Contributions must be designated on Form 2RC.

As a condition of your employment, you regularly contribute 6% of your eligible compensation to your Retirement System (Legislative Retirement System members contribute 7%). When you have contributed for five years and received the proper credit, you are vested in the Retirement System. Once you are vested, you will be eligible for a monthly benefit when your age and service record qualifies you for retirement.

Should you die before you retire, the contributions you have made, plus any amount you paid to purchase retirement credit, will be distributed to the beneficiary(ies) you designate. Your beneficiary(ies) is entitled to these contributions whether or not you are vested and whether or not you are in active service at the time.

Any beneficiary must meet the requirements in Guide C. You may change your beneficiary(ies) for this benefit at any time prior to retirement.

You may list one or multiple principal beneficiaries, but be aware of how your choice may affect benefits payable in the event of

your death:

- A single principal beneficiary may have the choice to receive a monthly benefit (known as the Survivor's Alternate Benefit) rather than a one-time payment (known as a Return of Contributions) if your service record and/or age qualify. A principal beneficiary will not have this choice if other co-beneficiaries were designated. A principal beneficiary without co-beneficiaries will not have this choice if you file a letter with the Retirement Systems Division stating that this beneficiary not have the choice to receive the Survivor's Alternate Benefit. A contingent beneficiary will not have this choice.
- If you choose to designate one principal beneficiary, you may designate one or multiple contingent beneficiary(ies).
- If you list multiple beneficiaries in any case, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among multiple beneficiaries.

Please continue to the next page.



## Guide C. What requirements should I meet in choosing my beneficiary(ies)?

Please provide the name, address, Social Security number, and date of birth of each beneficiary and indicate whether the person is a spouse.

- Your beneficiary(ies) cannot be an unborn child, a pet, a church, or any institution.
- You do not need permission from the beneficiary(ies) to make or change the designation; however, if an order directs you to designate someone as a beneficiary, you must comply with the order.
- You do not have to make your beneficiary(ies) aware of this designation.
- You do not have to name relatives as beneficiary(ies).

You have the option to designate as a beneficiary:

- **a living person.** If you choose one person as your principal beneficiary, you may name contingent beneficiary (ies) in the event the principal beneficiary predeceases you.
- **more than one living person** to share in the benefit equally. If you name more than one principal beneficiary, you cannot name contingent beneficiary(ies), and other consequences may be applicable. Duplicate and attach additional Continuation Pages if you need additional space to list all beneficiaries.
- **your estate.** Write *ESTATE* in the box asking for a beneficiary's *LAST* name.
- **a trustee for a living person.** If you name a trustee for a living person, submit a copy of the trust agreement with this form.

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

Upon receiving a certified copy of the final death certificate, the Retirement Systems Division will determine what benefits are payable. Any benefit will be paid to the designated principal beneficiary(ies), but if you designated only one principal beneficiary who is deceased at the time of your death, the benefit will be paid to any contingent beneficiary(ies). If you designated 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 one of the following:

- the qualified guardian of the minor

- the Clerk of Court of the County in which the minor resides
  - the minor after he/she attains 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 estate after an administrator or executor has qualified.
  - If there is no qualification, payment could be paid to the Clerk of Court to handle according to the laws of the state.

These guides are subject to and governed by the General Statutes of the State of North Carolina.



# Designating Beneficiary(ies) for Retirement System Return of Contributions



Please print or type in black ink.

No erasures, strikeouts, or white-outs permitted in Sections C through G. Please do not staple pages.

## Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME		SUFFIX	SSN (Last 4 digits)
MAILING ADDRESS					MEMBER ID
CITY		STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH
E-MAIL ADDRESS					

You may not use this form to change your address. See your employer or visit [www.myncretirement.com](http://www.myncretirement.com) to change your address.

## Section B. Please check the Retirement System that applies and list your current employer.

A separate form is required for each System. Please note that this form, 2RC, is for active members only. Retirees of any System should use a Form 336 to designate beneficiary(ies) for undistributed contributions. Consolidated Judicial Retirement System (CJRS) active members should not complete this Form 2RC. CJRS members should only complete Form 2DB.

- Teachers' and State Employees' Retirement System (TSERS)       Legislative Retirement System (LRS)
- Local Governmental Employees' Retirement System (LGERS)

CURRENT EMPLOYER \_\_\_\_\_

## Section C. Complete the following pages and then authorize them with your signature here.

I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on page 2 of 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 Guides. I reserve the right to change the beneficiary(ies) designated on page 2 of this form in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strikeouts, or white-outs in Sections C through H. I certify by my signature that I have completed all pages of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section D. Please have this form notarized. Improperly notarized forms will not be accepted.

### Notary Public Certification

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, a notary public for said State and County,

do hereby certify that \_\_\_\_\_ personally appeared

INK SEAL  
HERE

before me this date and acknowledged the due execution of this Form 2RC.

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

Signature of Notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_

## Section E. After the completed and signed form is notarized, please submit the form by mail.

You may mail the completed form to the address below. Your beneficiary designation will not be valid until this form has been properly completed, notarized, and received by our office prior to your death. If any erasures, strikeouts, or white-outs are found in any signature line, beneficiary designations, or notary section, this form will not be acceptable, and you will need to complete a new Form 2RC. Upon receipt of this form, the Retirement System will mail an acknowledgment letter to you. Only the Form 2RC most recently received by the Retirement Systems Division and properly completed and notarized will be effective.

Please continue to the next page.



**Section F. Please designate PRINCIPAL beneficiary(ies). See Guide C**

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

If you are designating more than three principal beneficiaries, please attach a continuation page and check the box at left.

**Section G. Please designate CONTINGENT beneficiary(ies). See Guide C**

*If you listed more than one person in Section F, do not complete this section. The Contingent beneficiary(ies) is only paid in the event the principal beneficiary is deceased.*

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

If you are designating more than three principal beneficiaries, please attach a continuation page and check the box at left.

See Section E for instructions for submitting this form.

DESIGNATION DATE:	MEMBER SSN (Last 4 digits)
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# Continuation Page for Form 2RC (Duplicate As Necessary)

Please print or type in black ink.  
No erasures, strikeouts, or white-outs permitted on this page.

**Section H. Please designate additional beneficiary(ies) (optional).**

**a** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**b** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**c** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**d** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**e** Choose one:  Principal  Contingent

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

See Section E for instructions for submitting this form.

DESIGNATION DATE	MEMBER SSN
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## Guide A. What is the Return of (Undistributed) Contributions benefit?

**Beneficiary(ies) for Return of Contributions must be designated on Form 2RC.**

As a condition of your employment, you regularly contribute 6% of your eligible compensation to your Retirement System (Legislative Retirement System members contribute 7%). When you have contributed for five years and received the proper credit, you are vested in the Retirement System. Once you are vested, you will be eligible for a monthly benefit when your age and service record qualifies you for retirement.

Should you die before you retire, the contributions you have made, plus any amount you paid to purchase retirement credit, will be distributed to the beneficiary(ies) you designate. Your beneficiary(ies) is entitled to these contributions whether or not you are vested and whether or not you are in active service at the time.

Any beneficiary must meet the requirements in Guide C. You may change your beneficiary(ies) for this benefit at any time prior to retirement.

You may list one or multiple principal beneficiaries, but be aware of how your choice may affect benefits payable in the event of your death.

- At the time of your death, if you have one and only one beneficiary living, which you designated for the return of your contributions, and you meet the eligibility requirements, your beneficiary may choose to receive:
  - a monthly benefit (known as the Survivor's Alternate Benefit) rather than,
  - a one-time payment (known as a Return of Contributions).

See *Your Retirement Benefits* handbook located on our Web site at [www.myncretirement.com](http://www.myncretirement.com) for further information. A beneficiary will not be given this option if you file a letter with the Retirement Systems Division stating that this beneficiary will not have the choice to receive the Survivor's Alternate Benefit.

- If you choose to designate one principal beneficiary, you may designate one or multiple contingent beneficiary(ies).
- If you list multiple beneficiaries in any case, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among multiple beneficiaries.

## Guide B. What is the Death Benefit?

**Beneficiary(ies) for the Death Benefit must be designated on Form 2DB.**

As part of your employment with an employer that participates in the Death Benefit, should you die while you are contributing to the Retirement System, a one-time payment based on your salary may be paid to the beneficiary(ies) that you designate. The specific service requirements, benefit amount, and additional details for each Retirement System are described below.

**Teachers' and State Employees' Retirement System.** Most members of this System are eligible for this benefit. 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 in active service or within 180 days of your effective termination date (the last day for which you received compensation subject to contributions). The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding your death, to a minimum of \$25,000 and a maximum of \$50,000. (G.S. 135-5)

**Local Governmental Employees' Retirement System.** Not all members of this System are eligible for this benefit; see your employer to find out if they chose to participate in this benefit. All law enforcement officers in this System are eligible for this benefit. 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 in active service 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, to a minimum of \$25,000 and a

maximum of \$50,000. (G.S. 128-27)

**Consolidated Judicial Retirement System.** If you are in active service at your death, an amount equal to your final annual rate of compensation will be paid to your beneficiary (ies) plus a one-time payment of your undistributed contributions. However, if you are at least age 50 with five years of service and if your surviving spouse is designated as your single principal beneficiary, instead of the payment of your undistributed contributions, your spouse will have the choice 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, to a maximum of \$15,000. (G.S. 120-4)

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

- You may list one or multiple principal beneficiaries. If you limit your designation to a single principal beneficiary, you may designate one or multiple contingent beneficiary(ies).
- If you list multiple beneficiaries in any case, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among multiple beneficiaries.

Please continue to the next page.



# Guides for Designating Beneficiary(ies) for Retirement System Return of Contributions

## Guide C. What requirements should I meet in choosing my beneficiary(ies)?

Please provide the name, address, Social Security number, and date of birth of each beneficiary and indicate whether the person is a spouse.

- Your beneficiary(ies) cannot be an unborn child, a pet, a church, or any institution.
- You do not need permission from the beneficiary(ies) to make or change the designation; however, if an order directs you to designate someone as a beneficiary, you must comply with the order.
- You do not have to make your beneficiary(ies) aware of this designation.
- You do not have to name relatives as beneficiary(ies).

You have the option to designate as a beneficiary:

- a **living person**. If you choose one person as your principal

beneficiary, you may name contingent beneficiary (ies) in the event the principal beneficiary predeceases you.

- **more than one living person** to share in the benefit equally. If you name more than one principal beneficiary, you cannot name contingent beneficiary(ies), and other consequences may be applicable. Duplicate and attach additional Continuation Pages if you need additional space to list all beneficiaries.
- **your estate**. Write *ESTATE* in the box asking for a beneficiary's *LAST* name.
- **a trustee for a living person**. If you name a trustee for a living person, submit a copy of the trust agreement with this form.

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

Upon receiving a certified copy of the final death certificate, the Retirement Systems Division will determine what benefits are payable. Any benefit will be paid to the designated principal beneficiary(ies), but if you designated only one principal beneficiary who is deceased at the time of your death, the benefit will be paid to any contingent beneficiary(ies). If you designated 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 one of the following:

- the qualified guardian of the minor

- the Clerk of Court of the County in which the minor resides
- the minor after he/she attains 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 estate after an administrator or executor has qualified.
- If there is no qualification, payment could be paid to the Clerk of Court to handle according to the laws of the state.

These guides are subject to and governed by the General Statutes of the State of North Carolina.