

Designating Beneficiary(ies) for Retirement System Return of Contributions

Please print or type in black ink.

| Section A. Tell us abou | f voi | vo erasures, strike Irself | overs, or white-out | s permitted in Sections | s C through | G. Please do not staple pages. | | |
|--|---|--|--|--|--|---|--|--|
| FIRST NAME | MI | LAST NAME | | State State of the State of | SUFFIX | SSN (Last 4 digits) | | |
| | | | | | | , , | | |
| MAILING ADDRESS | | | | | | MEMBER ID | | |
| CITY | O QUESTIONE STATE | STATE | ZIP CODE | TELEPHONE | VO. | DATE OF BIRTH | | |
| | | TELEPHONE NO | | 4 0. | DATE OF BIRTH | | | |
| E-MAIL ADDRESS | | | | | | | | |
| And such security when a second secon | t kinder state en | TO CONTRACT TO THE PARTY OF THE | | enter en | - Takkon Maranasana | EXTENSION DECISION OF CONTROL AMARIAGEMENT A SET SELECT PROCESSION OF MARKET WHITE DOCUMENTS | | |
| You may not use this form to cha | | | | | | | | |
| Section B. Please chec | k the | Retirement S | ystem that ap | plies and list yo | ur currei | nt employer. | | |
| A separate form is required for a should use a Form 336 to des | signate | beneficiary(ies) | for undistributed | contributions. Con | nsolidated | Judicial Retirement System | | |
| (CJRS) active members should | not co | mplete this Form | 2RC. CJRS mer | nbers should only o | omplete Fo | orm 2DB. | | |
| Teachers' and State Employees' Retirement System (TSERS) | | | | | | | | |
| Local Governmental Employees' Retirement System (LGERS) | | | | | | | | |
| CURRENT EMPLOYER | AND PORTUGUES. | un estatundus estatuseus estatunen de Antibade (na estatus de Sassessia estatus de S | Mining the second secon | of have also also also a services and a service and a service by a contract of the service and a service by a co | | entare control of the second control of the | | |
| | | and the stage of t | id a Silva Cintago ma considerant money a mangina agraga gaya gaya gaya a ma | ander verstende de dans en regen de regentation en en en enfektion en entre en de de service de service de la | oologien worden ooks verskende en een een gebe | | | |
| Section C. Complete th | ne fol | lowing pages | and then auth | orize them with | your sig | nature here. | | |
| I hereby authorize the Board of acknowledge that the payments System from any further obligat | s shal ion or | I be a complete my account. I u | discharge of an Inderstand that b | y claim and shall of completing and s | constitute igning this | a release of the Retirement 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, strikeovers, | | | | | | | | |
| or white-outs in Sections C throu | ıgh H. | I certify by my | signature that I | nave completed all | | this form. | | |
| Signature | POR EUROSPO | | H-9F7-893.003-0038-22-27-57-23-8-00-23-23 | | Date | | | |
| Section D. Please have | this | form notarize | d. Improperly | notarized forms | will not | be accepted. | | |
| Notary Public Certification | | | | | | | | |
| State of | | | | | | | | |
| l, | | , a notar | | | | INICSEAL | | |
| do hereby certify that | | | • | sonally appeared | | HERE | | |
| before me this date and acknow | ledge | d the due executi | on of this Form 2 | RC. | | | | |
| Witness my hand and official sea | al this | the day | y 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, strikeovers, 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.

N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free www.myncretirement.com



| Section F. Pl | ease desig | nate PRINCIPAL b | eneficiary(ies). See Guide (| | | |
|---|--|---|--|----------------------|------------------------|--|
| FIRST | | LAST | SSN (REQUIRED) | RELATIONSHIP | DATE OF BIRTH | |
| ADDRESS | ADDRESS | | CITY | STATE | ZIP | |
| E-MAIL ADDRESS | | | BY BARKSHOLD FOR ALLEWS AND SEPTEMBERS AND ACCORDING TO A SHARE A SALE WHILE THE STATE OF A SALE WHILE WHILE A SALE WHILE A SALE WHILE A SALE WHILE WHILE A SALE WHILE WHILE WHILE WHILE A SALE WHILE WH | TELEPH | TELEPHONE NO. | |
| | aracramera es calectron par en esta esta | | | | | |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIONSHIP | DATE OF BIRTH | |
| ADDRESS | | | CITY | STATE | ZIP | |
| E-MAIL ADDRESS | | | . Na nara-tra sa sa kamana da ana kamana kamana Kamana kamana kaman | TELEPH | TELEPHONE NO. | |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIONSHIP | DATE OF BIRTH | |
| ADDRESS | | | CITY | STATE | ZIP | |
| E-MAIL ADDRESS | | | | TELEPH | TELEPHONE NO. | |
| If you are design | nating more th | an three principal ben | eficiaries, please attach a continu | uation page and chec | ok the hey at left | |
| II you are dosig | mating more tr | | encianes, piease attacir a contint | adion page and ched | K the box at left. | |
| Section G. Pl | ease desigr | ate CONTINGENT | beneficiary(ies). See Guide | e C | | |
| ir you listed more paid in the event t | tnan one pei the principal i | son in Section I-, do beneficiary is deceas | not complete this section. | The Contingent bei | neficiary(ies) is only | |
| FIRST | THE RESTRICTION OF STREET | LAST | SSN (REQUIRED) | RELATIONSHIP | DATE OF BIRTH | |
| ADDRESS | Three difficulties of the contribution of all in the difference and other | | CITY | STATE | ZIP | |
| E-MAIL ADDRESS | | | | TELEPH | | |
| | AND DESCRIPTION OF THE PARTY OF | | | | | |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIONSHIP | DATE OF BIRTH | |
| ADDRESS | | | CITY | STATE | ZIP | |
| E-MAIL ADDRESS | | | | TELEP | | |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIONSHIP | DATE OF BIRTH | |
| ADDRESS | | | CITY | STATE | ZIP | |
| | | | | | | |
| E-MAIL ADDRESS | | | The state of the s | TELEPHONE NO. | | |
| If you are design | nating more th | nan three principal ben | eficiaries, please attach a continu | uation page and ched | ck the box at left | |

See Section E for instructions for submitting this form.

DESIGNATION DATE: MEMBER SSN (Last 4 digits)

2RC Page 2 of 2



Continuation Page for Form 2RC (Duplicate As Necessary)

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

| Section H. Please de | esigr | nate additional ben | eficiary(ies) (optional). | | to outs po | ermited on this page |
|--|--|--|--|--|--|--|
| a Choose one: Princip | al | ☐ Contingent | | | PERSONAL PROPERTY. | |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIO | NSHIP | DATE OF BIRTH |
| A STATE OF THE PROPERTY OF THE | | A TOTAL STATE OF THE PROPERTY | | RELATIONSTIF | | |
| ADDRESS | | | CITY | | STATE | ZIP |
| E-MAIL ADDRESS | | | LIEV FERNANDER PROPERTY AND CONTROL | TEL EE | PHONE NO. | |
| | | | | | | |
| 6 Choose one: Princip | al | Contingent | and the special section of the special section with the control of | AND THE PROPERTY OF THE PARTY O | MINE COLUMN TO THE | generalist et de singe par en agusante mente partir et de sent en en artis. Bandularis beken metro fantis australiës de vierbour a common de de de trans |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIONSHIP | | DATE OF BIRTH |
| ADDRESS | and the second section of the sectio | CITY | L | STATE | ZIP | |
| E-MAIL ADDRESS | | | | auna di Paratsani Parus di Aranda (Paratsani Paratsani Paratsani Paratsani Paratsani Paratsani Paratsani Parat | TELEPHONE NO. | |
| Choose one: Princip | al | Contingent | | PROFILE OF THE PROFILE | A EN VARIABLE TO A REPORT OF THE PROPERTY OF | Pulling and the security of the proper security of the securit |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIONSHIP | | DATE OF BIRTH |
| ADDRESS | | And the second s | CITY | | STATE | ZIP |
| E-MAIL ADDRESS | | | | Mileta Paral - Mileta Andrews St. Stores P. Halla Mileta St. St. St. | TELEP | HONE NO. |
| d Choose one: Princip | and theorem. | Contingent | ተኛው ነገር። በተመሰረተው መመስ መመመስ መመመስ መመመስ መመመስ መመመስ መመመስ መመመ | chille for a first the state of the second o | on the second se | en er kansta disekti kayatta penenkir propositi kalan en er et er et Proposition disektiva et er et er et er en en er et er et en er et er et en et en en en et er et er et en et e |
| FIRST | MI | LAST | SSN (REQUIRED) | RELATIONSHIP | | DATE OF BIRTH |
| | | | 33.1(1.123) | RELATIONSHIP | | DATE OF BILLIN |
| ADDRESS | | | CITY | STA | | ZIP |
| E-MAIL ADDRESS | | | ere reuk vold 25 mals uts der nakusere ere ere ste store och der deleg dekommens den dyren de | TELEP | | HONE NO. |
| Choose one: Principa | any or make as | Contingent | | PROPERTY STATES AND ST | | |
| FIRST | MI | | SSN (REQUIRED) | RELATIONSHIP | | DATE OF BIRTH |
| ADDRESS | 1 | in the moderates and the second several annual the contract of the second secon | CITY | | STATE | ZIP |
| E MAIL ADDDCOO | Tenaron rep | | | TA ST TID AT TAXABLE TO SERVE | 3000000 - 100000 | |
| E-MAIL ADDRESS | | | | TELEPHOI | | HONE NO. |
| ment is generally fright interests bette emisse valve by the districted some offs seek characteristic mass days a convenient | THE POST COURT BASE OF THE PARTY. | NP/IB transful strauera (Albert Heile All Eller Heile All Eller Herring variation) transcription (Albert Aller | ter or all times to design a reconstruct with the sign entire of address and appropriately a catalogue. | to transmit in the second and account in the second and | | |

See Section E for instructions for submitting this form.

DESIGNATION DATE MEMBER SSN

2RC
Continuation Page



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

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 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.

