

NOTICE OF ENROLLMENT

Department of State Treasurer, Retirement Systems Division
325 North Salisbury Street, Raleigh, North Carolina 27603-1385

Teachers' and State Employees' Retirement System Local Governmental Employees' Retirement System

PLEASE PRINT OR TYPE FORM AND ATTACH A PHOTOCOPY OF YOUR SOCIAL SECURITY CARD IF AVAILABLE. DO NOT HOLD FORM TO OBTAIN A COPY OF THE SOCIAL SECURITY CARD.

Active Register Number (To be provided by Retirement System) _____

Name _____ S.S. # _____
(First) (M.I.) (Last)

Address _____ Birthdate _____

City _____ State _____ Zip Code _____ Sex: Male Female

CERTIFICATION BY EMPLOYER: We certify that the above-named person is currently serving in a position which is eligible for membership in the Retirement System previously indicated.

Employer _____ Employer Code _____

Job Title _____ Membership Date _____

Authorized Signature _____ Date _____

BENEFICIARY DESIGNATION: (Please read carefully the information on the reverse.) I request the Board of Trustees to pay, in the event of my death prior to retirement:

A. The total amount of accumulated contributions standing to my credit in the Retirement System.

COMPLETE NAME	ADDRESS	RELATIONSHIP	DATE OF BIRTH
Principal:			
Contingent:			

B. The total amount of the death benefit provided under G.S. 135-5 or 128-27 to which I may be entitled.

COMPLETE NAME	ADDRESS	RELATIONSHIP	DATE OF BIRTH
Principal:			
Contingent:			

I hereby authorize the Board of Trustees to make payment to the beneficiary(ies) whom I have nominated above and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Retirement System from any further obligation on account of the benefit. In completing and signing this form, I acknowledge having read the information printed on the reverse. I reserve the right to change the beneficiary(ies) designated above as prescribed in the Rules and Regulations. In addition, I understand that the Retirement System will not accept this form with erasures, strike-overs, or "whiteouts".

Signature _____ Date _____

NOTARY PUBLIC CERTIFICATION: State of _____ County of _____

I, as a Notary Public of said State and County, do hereby certify that _____ personally appeared before me and executed the foregoing instrument.

(Notary Public Seal)

Witness my hand and seal this _____ day of _____, _____

Signature _____ (YEAR)

of Notary _____ My commission expires _____

INSTRUCTIONS

1. PURPOSE OF FORM

This form is designed for active members to enroll in the Teachers' and State Employees' Retirement System and the Local Governmental Employees' Retirement System and to designate the member's beneficiary(ies) for a return of contributions and the death benefit if applicable. Eligible members are defined under Article 3 of Chapter 128 and Article 1 of Chapter 135 of the North Carolina General Statutes.

2. WHERE TO FILE

This form must be typed and filed with the Department of State Treasurer, Retirement Systems Division, 325 North Salisbury Street, Raleigh, North Carolina 27603-1385. The original form must be correctly completed and acknowledged as received by the Retirement Systems Division and returned to the member for their records. A copy will be retained in the member's file in the Retirement System.

3. WHO MAY BE NAMED BENEFICIARY

The member may name the same or different beneficiaries for a return of contributions and the death benefit. The principal or contingent beneficiaries must be a living person(s) at the time of designation (they need not be a relative), the member's estate or a corporate trustee for a living person. The principal or contingent beneficiary may not be an unborn child, a pet, a church or other institution. A contingent beneficiary may not be named if more than one principal beneficiary is named. If additional space is needed, please attach a separate signed and notarized form with numbered pages 1 of 2 and 2 of 2.

PRINCIPAL BENEFICIARY

The member may name one principal beneficiary, or more than one principal beneficiary, to share equally in each of the benefits. The naming of more than one principal beneficiary to receive the return of contributions will eliminate the beneficiary's option, if eligible, to receive a monthly benefit in lieu of a lump sum return of contributions in the event of the death of the member prior to retirement. Please refer to the member handbook for information regarding a monthly allowance to a beneficiary in the event of death. If two or more principal beneficiaries are named and one is not living at the death of the member, the benefit will be divided equally among the remaining principal beneficiaries.

CONTINGENT BENEFICIARY

If only one principal beneficiary is named, the number of contingent beneficiaries that may be named is not limited. The contingent beneficiary(ies) will be paid the benefits due at the death of the member only if the principal beneficiary is not alive.

ESTATE AS BENEFICIARY

The naming of the member's estate as beneficiary results in the proceeds being paid either to the member's estate after an administrator or executor has qualified or, if there is no qualification, to the Clerk of Court. The benefits will then be subject to any debts of the estate and distributed according to the will of the member or, if there is not a will, according to the laws of the State. If no named beneficiary is alive at the death of the member, the benefits will be paid to the member's estate.

MINOR AS BENEFICIARY

When the beneficiary is a minor at the death of the member, any benefits due will be paid to the qualified guardian of the minor or to the Clerk of Court in the county of residence, or to the beneficiary after he or she attains majority.

4. ACCUMULATED CONTRIBUTIONS

If the member leaves the System for any reason other than retirement or death, a refund of contributions without interest is payable if the member has less than five years of creditable service; or a refund of contributions with interest if the member has five or more years of service. However, the member may leave his/her contributions in the System and keep all the creditable service earned to that date.

5. DEATH BENEFIT

A death benefit is payable to beneficiaries of members of the Teachers' and State Employees' Retirement System and to beneficiaries of members of the Local Governmental Employees' Retirement System whose employers elected the death benefit option, on the following basis:

Teachers' and State Employees' — If a member dies while still in active service or within 180 days of the last day for which salary was paid, a lump sum payment equal to the 12 months' salary in a row preceding the month before death. The payment will be no less than \$25,000 but no more than \$50,000.

Local Governmental — same as above except that payment will be no more than \$20,000.

6. HOW TO CHANGE BENEFICIARIES

Form 2C must be filed with the Retirement System before a change in beneficiary becomes effective. The member **cannot** change his or her beneficiary by signing Form 2C and retaining it with his/her private papers and not filing with the Retirement System.

7. WHEN TO CHANGE BENEFICIARY

Form 2C should be filed by a member at any time he or she desires to change his or her beneficiaries. Events such as marriage, divorce, death of a named beneficiary, birth or adoption of a child, etc. may give reason to change a beneficiary. The member does not have to have the permission of a named beneficiary to make the change nor does he or she have to notify the new beneficiaries that they have been named.