



**Declining to Participate in the Local  
Governmental Employees' Retirement System**

*Please print or type in black ink.*

**Section A. Employee, tell us about yourself.**

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

**Section B. Employer, please certify this employee's information.**

EMPLOYER			
AGENCY/UNIT NO.	DEPARTMENT NO.	JOB CLASS ID	EMPLOYMENT DATE

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge.

**Employer Contact's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE
EMPLOYER/AGENCY		UNIT NO.
E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.

**Section C. Employee, decline your participation with your signature.**

I hereby notify you that I was an employee of the Section B employer on the date of its participation in the North Carolina Local Governmental Employees' Retirement System, and that I wish to exercise my privilege not to be become a member of the North Carolina Local Governmental Employees' Retirement System. I take this action with full knowledge that if I do not hereafter make appropriate arrangements for membership through my employer, on or before ninety days after the employer began participation in the North Carolina Local Governmental Employees' Retirement System, I will lose credit for all service rendered by me prior to date of participation of the employer.

**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

before me this date and acknowledged the due execution of the foregoing instrument.

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

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

My commission expires \_\_\_\_\_

INK SEAL  
HERE

**Please submit this form to the address below. Thank you.**

**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

