



Form 319LEO

Choosing to Transfer NC 401(k) Plan Contributions for an Additional Monthly Benefit for Law Enforcement Officers

Department of State Treasurer

Retirement Systems Division 3200 Atlantic Avenue, Raleigh NC 27604 www.myNCRetirement.com • (919) 814-4590

Please print or type in black ink. No erasures, strikeovers or whiteouts permitted. Please do not staple pages

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Se	ction A. Please	review yo	our pers	on	al and	retirem	ent informati	on.						
First Name			M.I. Last Name			•			Suffix		SSN			
Mail	ing Address			Member ID				'						
City					tate	Zip Code	Telephone				Mobile Phone			
Personal Email Address							ement System				Date of Birth			
Effe	ctive Transfer Date	M	lonth				Day			Year				
							1 - (First day of a month	h)						
Se If you	Retirement System. If you are a L	aw Enforcement C stand the c and have contribu	Officer vested choice to utions in the I	on or	transfo	, 2010, or are references you may	not a Law Enforcement C contributions You may apply for this b	Officer, you show s is your benefit no more	uld comp S. than 120	lete Form 3) days befo	tributions transferred from the former 19401k or 319457. The your effective retirement date, and the control of the control o			
employer and employee contributions transferred from your NC 401(k) account to the North Carolina Retirement Systems. If you do wish to make a transfer, the additional monthly benefit								ease complete Form 319401(k). You						
you c If you	e calculated based on the am hoose. do not wish to make the transfer sit with the Plan or receive a distri	our choice to				Note: If you will be or are over age 73 in the year the request is processed and satisfied the Required Minimum Distribution ("RMD") from your 401(k) account, the RN processed prior to the amount requested below before the transfer is made.								
Se	ction C. Please	indicate	your ch	oic	e and	authoriz	ze with your s	ignature	е.					
l have	e read and fully understand the int	formation in Section	on B and I here	ewith	make my e	lection known:								
	Transfer ALL Funds	If you select this option and anticipate additional contributions sent to your NC 401(k) account after your last day of service, you may want to delay the effective date of transfer so that the additional contributions will be included. Please contact your NC 401(k) plan administrator to confirm when contributions are posted to your account.												
	Transfer Amount Specified	I choose to trans	se to transfer the amount listed of employee and employer contributions originally made to my NC 401 (k) Plan to the Retirement System in Section											
		Amount Specifie	ed (\$):											
l unde	erstand that this choice is irrevoca	able after NC 401(I	k) Plan contrib	utior	ns have bee	n transferred to	the North Carolina Retir	ement Systems	S.					
Signa	ture								Date)				

Section	D. Please initia	ıl next	to y	our chosen pa	yment o	otion.				
You must choose	one of the payment options belo	w by placin	g your	initials in the box. Please ref	er to Guide B fo	r more information on choosing y	our payr	ment option.		
	Maximum Allowance Basic straight life benefit with no monthly survivorship.									
	Option 2 100% joint and survivorship with one monthly survivorship beneficiary designated in Section E.									
	Option 3 50% joint and survivorship with one monthly survivorship beneficiary designated in Section E.									
	Option 4 Adjustment of retirement allowance and social security benefits with no monthly survivorship. (You must attach a statement from the Social Security Administration if you have not submitted one already. See Guide B.) Option 6-2 100% joint and survivorship with one monthly survivorship beneficiary designated in Section E, increasing to maximum allowance if month survivorship beneficiary dies first.									
Option 6-3 50% joint and survivorship with one monthly survivorship beneficiary designated in Section E, increasing to maximum allowance if mo survivorship beneficiary dies first.										nce if monthly
	ection only if you selected Option	n 2, 3, 6-2,	or 6-3	. If you selected Maximum	Allowance or C	our survivorship be option 4, leave this section blank afund as a Retiree with a 401(k).	. You m	ay not design	ate the s	same beneficiary as
Gender				Last Name* SSN*				e? ES 🔲 NO	f Birth*	
Mailing Address					City			State		Zip Code
I now elect to survivorship be I understand survivorship le Retirement Servivorship le Norman Servivorship le Memly Your Other has resurvivorship le I la Norman Servivorship le Norma	be have my monthly retirement be benefit in Section E. that if I elected Option 2 or 3, a beneficiary. This designation may be within 120 days of the remaind I cannot change the elected retirement date effect first retirement benefit payment wise, a paper check will be maile received their first payment through the procession of the payment of the p	and I named ust be made larriage. ement paym ive on or aft should be m id. Your retir ough direct	d my spe within ent opt er Jan. ade by ement depos	ording to the option selected pouse as monthly survivorship 90 days of remarriage undion, nor can I change the bear 1, 2024 direct deposit. Instructions a selection is locked in when the it or their first paper chectoric	d in Section D; nip beneficiary, der the same of neficiary for the must be receive ne first payment k has been m	election of payment option except and if I elected Option 2, 3, 6-2, but my spouse dies, and I rema option with an additional reduction monthly survivorship benefit, except and acknowledged by the Reting becomes normally due and the finalled, they will be unable to me at the time of retirement. I certify	or 6-3, rry, I ma on in my cept under rement \$ rst benefake cha	I hereby design yelect to name yelect to name yelect to name yelect the following systems before it payment datainges to their	ne my ne unt and g conditio e your eff e has occ paymen	survivor for a monthle ew spouse as monthle properly filed with the ons: fective retirement date occurred. After a member and option and monthle
Section						orms will not be acce	epted	•		
State of										
l,	,, 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 offic	al seal this t	the	day of	, 20					
My Commission	Expires									

Signature of Notary ____



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Form 319LEO Guides Choosing to Transfer NC 401(k) Plan Contributions for an Additional Monthly Benefit for Law Enforcement Officers

Guide A. What amount of funds can I transfer?

You may transfer all or a portion of your employee and employer contributions; however, Roth after-tax contributions cannot be transferred. Keep in mind that once you have made the election and after your NC 401(k) contributions have been transferred, the transfer is irrevocable and your funds cannot be returned. Please read the educational materials and use the benefit estimator located under the NC 401(k) and 457 tab at www.myNCRetirement.com before you decide the amount of funds to transfer.

Guide B. What are my payment options for the 401(k) Plan Transfer Benefit?

Maximum Allowance: Basic, Straight Life Benefit You will receive a monthly retirement benefit that is paid throughout your lifetime with all monthly benefit payments ceasing at your death.

Option 2: 100% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, the same reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his or her life.

Option 3: 50% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, one-half of the reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his or her life.

Option 4: Adjustment of Retirement Allowance and Social Security Benefits You will receive a monthly retirement benefit that is larger than the Maximum Allowance until you are eligible for Social Security at age 62. Your Retirement System benefit will be reduced in the month following the month of initial entitlement for your Social Security age 62 benefit. Your reduced retirement payments after age 62, plus your allowance from the Social Security Administration (SSA), should be approximately the same amount as the inflated payment you received from the Retirement System before age 62.

To choose this option, you must attach current documentation (less than 2 years old) from SSA that estimates the SSA benefits you should receive at age 62. The actual amount of your retirement payments both before and after age 62 will be based on this estimate of benefits you provide to us from SSA before your retirement. Contact SSA for information on applying for benefits and the date that your first age 62 Social Security benefit will be paid to you.

Option 6-2: Modified 100% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, the same reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his or her life. However, should this beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Option 6-3: Modified 50% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, one-half of the reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his or her life. However, should this beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Guide C. What requirements must my monthly beneficiary meet (if applicable)?

For Options 2, 3, 6-2, or 6-3, you must designate a survivor who will receive a lifetime monthly benefit in the event of your death. This person must be carefully designated:

- You must choose one and only one beneficiary who is living.
- You do not need permission from the intended beneficiary to make the designation.
- You do not have to choose a spouse or relative as this beneficiary, although you will indicate whether or not this person is your spouse.
- You must give the beneficiary's full legal name and date of birth.

- You must include the Social Security Number, as this beneficiary may receive income from us, and income is taxable.
- This beneficiary <u>cannot</u> be a person you designated as a beneficiary of your Guaranteed Refund on Form 336401k, Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree with a 401(k) Transfer Benefit, since the Guaranteed Refund is only payable after your death **and** the death of the beneficiary who was named for a monthly survivorship option.

We encourage you to keep the current address of this beneficiary on file with us.



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Guide D. What are my options for post-retirement assets?

If you plan to transfer any additional assets into your NC 401 (k) account after your effective retirement date, you may postpone your effective transfer date up to three months after your effective retirement.

The Retirement System will instruct the NC 401(k) administrator to transfer the amount specified on this form from your NC 401)(k) account on the effective transfer date.

Guide E. How is the Guaranteed Refund Calculated?

Once your transfer is processed, your Guaranteed Refund balance is the employee contributions with interest that you transferred. Your Guaranteed Refund decreases by the amount of each monthly benefit payment. If you and your monthly survivorship beneficiary (if applicable) die, then any remaining balance is paid to your designated beneficiary for the Guaranteed Refund.

For the Guaranteed Refund, you must submit Form 336401k, Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree with a 401(k) Transfer Benefit.