



**Designating Beneficiary(ies) for  
the Contributory Death Benefit  
for Retired Members**

Please print or type in black ink.

No erasures, strikeouts, or white-outs permitted in Sections C through H.

**Section A. Tell us about yourself.**

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

**Section B. Please check the retirement system that applies.**

A separate form is required for each Retirement System.

- ☐ Teachers' and State Employees' Retirement System
- ☐ Local Governmental Employees' Retirement System
- ☐ Consolidated Judicial Retirement System
- ☐ Legislative Retirement System

Submit this form only if you wish to designate beneficiary(ies) for the optional Contributory Death Benefit (CDB) for Retired Members.

**If you wish for your spouse (or estate if not survived by a spouse) to be your CDB beneficiary, you do not need to complete a Form 333BEN.**

**Section C. After completing the following pages, please authorize them with your signature.**

I hereby authorize the Board of Trustees to make payment of the Contributory Death Benefit to the beneficiary(ies) I have designated on the following page(s). I acknowledge that the payments will be a complete discharge of any claim and will 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 all the information included. I reserve the right to change the beneficiary(ies) designated on the following page(s) in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strike-overs, or white-outs in Sections C through H, if applicable. **I certify by my signature that I have completed all pages of this form, and have included, if applicable, any continuation pages.**

**Do not submit this form unless you have enrolled in the optional CDB coverage.**

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 this Form 333BEN.

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

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

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

INK SEAL  
HERE

**Please continue to the next page.**



**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 at the bottom of page 1. The beneficiary(ies) you designate on this form 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 333BEN. Upon receipt of this form, the Retirement System will mail an acknowledgment letter to you. Only the Form 333BEN most recently received by the NC Retirement Systems that is properly completed and notarized will be effective.

**Section F. Please designate PRINCIPAL beneficiary(ies). \*REQUIRED FIELD**

I hereby revoke any previous designation of principal beneficiary(ies) and request the Board of Trustees to pay the Contributory Death Benefit after my death to the beneficiary(ies) I now designate.

**Principal(s)** (See Guide A)

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

  

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

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

**Section G. Please designate CONTINGENT beneficiary(ies) (optional). \*REQUIRED FIELD**

I hereby revoke any previous designation of contingent beneficiary(ies) and request the Board of Trustees to pay the Contributory Death Benefit after my death to the beneficiary(ies) I now designate.

**Contingent(s)** (See Guide A)

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

  

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

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

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

SIGNATURE DATE	MEMBER SSN	MEMBER ID
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Please print or type in black ink.

No erasures, strikeovers, or white-outs permitted on this page.

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

a Choose one: <input type="checkbox"/> Principal <input type="checkbox"/> Contingent					
FIRST*	MI	LAST*	SSN*	RELATIONSHIP	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

b Choose one: <input type="checkbox"/> Principal <input type="checkbox"/> Contingent					
FIRST*	MI	LAST*	SSN*	RELATIONSHIP	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

c Choose one: <input type="checkbox"/> Principal <input type="checkbox"/> Contingent					
FIRST*	MI	LAST*	SSN*	RELATIONSHIP	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

d Choose one: <input type="checkbox"/> Principal <input type="checkbox"/> Contingent					
FIRST*	MI	LAST*	SSN*	RELATIONSHIP	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

e Choose one: <input type="checkbox"/> Principal <input type="checkbox"/> Contingent					
FIRST*	MI	LAST*	SSN*	RELATIONSHIP	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS				TELEPHONE NO.	

**\*REQUIRED FIELD**

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

SIGNATURE DATE	MEMBER SSN	MEMBER ID
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# Form **333BEN Guides** **Designating Beneficiary(ies) for** **the Contributory Death Benefit** **for Retired Members**

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## **Guide A. How do I choose my Contributory Death Benefit beneficiary(ies)?**

You must provide the name, Social Security number and date of birth of each beneficiary.

- You may designate any living person(s), your estate, or a trustee for a living person, as your beneficiary(ies).
- If you do not designate a beneficiary, or if your designated beneficiary(ies) is not living at your death, the benefit will be paid to your living spouse, or if you have no spouse, the benefit will be paid to your legal representative (usually the administrator or the executor of your estate, or collector of funds for your estate).
- You may change your beneficiary(ies) for the Contributory Death Benefit at any time prior to your death.
- You do not need permission from the beneficiary(ies) to make or change the designation.
- You do not have to make your beneficiary(ies) aware of this designation.

You have the option to designate as a beneficiary:

- **a living person** who does not have to be a relative. 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 who do not have to be related to you. Copy 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.

Your beneficiary(ies) **cannot** be an unborn child, a pet, a church, or any other institution.

## **Guide B. What amount will be payable at my death?**

The amount payable at your death is dependent on when your death occurs following your effective date of coverage. If your death occurs on the first day of the month following the 24th month of coverage for which the required contributions have been made, the full \$10,000 will be paid.

If your death occurs before the first day of the month following the 24th month of coverage, your beneficiary will receive the total of the contributions you have made plus interest at a rate determined by the Board of Trustees.

## **Guide C. How will my beneficiary claim the benefit at my death?**

Your beneficiary, spouse, or executor of your estate should report your death to the NC Retirement Systems and provide us with your death certificate and current contact information for the beneficiary(ies).

The Certificate of Coverage that was sent to you after receipt of your first contribution does not need to be presented at your death to claim the benefit.

## **Guide D. Disclaimer**

The availability and amount of all benefits that the retiree might be eligible to receive is governed by Retirement System law. The information provided in this guide cannot alter, modify, or otherwise change the controlling Retirement System law or other governing legal documents in any way, nor can any right

accrue to the retiree or beneficiary by reason of any information provided or omission of information provided herein. In the event of a conflict between this information and Retirement System law, Retirement System law governs.

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