



# Choosing of Survivor's Alternate Benefit

Please print or type in black ink.

## Section A. Tell us about yourself.

|  |                    |                |               |                |
|--|--------------------|----------------|---------------|----------------|
| Our records show that you are a beneficiary of | MEMBER'S FULL NAME |                | MEMBER ID     | MEMBER SSN     |
| YOUR FIRST NAME                                | MI                 | YOUR LAST NAME |               | YOUR SUFFIX    |
| YOUR MAILING ADDRESS                           |                    |                |               | YOUR SSN       |
| CITY   | STATE              | ZIP CODE       | TELEPHONE NO. | YOUR MEMBER ID |
| YOUR E-MAIL ADDRESS                            |                    |                |               | DATE OF BIRTH  |

## Section B. Please select the System for which you have reviewed the comparison estimates.

If more than one, you must fill out a separate form for each Retirement System account.

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

## Section C. Please authorize the Return of Contributions with your signature

I understand that I am making a choice between two options:

- The monthly Survivor's Alternate Benefit, or
- The one-time Return of Contributions payment (or the Surviving Spouse Benefit in the Consolidated Judicial Retirement System).

I am choosing the Return of Contributions option, which means:

- I will receive a single, one-time lump sum payment; and
- I forfeit all rights to any other benefits provided by the Retirement System as selected in Section B of this form; and
- Once I cash or deposit the check I receive, I cannot change my mind.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section D. Complete and submit additional forms relevant to your choice.

- ☐ Form DB228, Choosing Tax Treatment for a Payment of Undistributed Contributions

## Section E. Have this form notarized. Improperly notarized forms will not be accepted.

State of \_\_\_\_\_ County of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

I, \_\_\_\_\_, 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 official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

Please mail these forms to the address below or fax them to (919) 855-5800. 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

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