



Choosing the Survivor's Alternate Benefit OR Return of Undistributed Contributions in the Firefighters' and Rescue Squad Workers' Pension Fund (Approved Line of Duty Death only; Effective July 1, 2018)



Please print or type in black ink.

Section A. Tell us about yourself.

Our records show that you are a beneficiary of	MEMBER NAME		MEMBER ID		SSN (XXX-XX-1234)
YOUR FIRST NAME		MI	YOUR LAST NAME		SUFFIX
YOUR MAILING ADDRESS					YOUR SSN
YOUR DATE OF BIRTH					YOUR MEMBER ID
CITY		STATE	ZIP CODE	TELEPHONE NO.	
YOUR E-MAIL ADDRESS					

Section B. Election of Benefits Choices due to Line of Duty Death

I hereby certify that I have been presented with a choice between the Survivor's Alternate Benefit which is a lifetime monthly benefit ending at the beneficiary's death beginning:

- The month following the month the member name in Section A above would have reached age 55, or
- If the member was already retired, the month following the month of the Line of Duty death.

Section C. Choice Election and Authorization

_____ I hereby certify that I choose to receive the Survivor's Alternate Benefit which is a monthly lifetime benefit and that all payments cease at my death. I recognize that this choice is irrevocable.

_____ I hereby certify that I choose the Return of Undistributed Contributions which means I will receive a one-time lump sum payment. I forfeit all rights to any other benefits provided by the Firefighters' and Rescue Squad Workers' Pension Fund 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 170S, Authorizing Direct Deposit
- _____ Form 290S, Choosing Income Tax Withholding Preferences

Thank you.

Department of State Treasurer, Retirement Systems Division
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