



Please print or type in black ink.

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

☐ Teachers' and State Employees' Retirement System (TSERS) ☐ Legislative Retirement System (LRS)

☐ Local Governmental Employees' Retirement System (LGERS) ☐ Consolidated Judicial Retirement System (CJRS)

Thank you for your interest in your service record. If we may be of further assistance, please contact us at the address and telephone number below.

[illegible]

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

SVC



Worksheet 1 for Listing Service (Duplicate As Needed)**Section E. Please list all retirement service periods.**

Please provide the start date and end date of the period(s) that meets the requirements in Section C. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.) **NOTE:** Retirement credit is counted based on each month you render eligible service and receive pay. For *retirement service period*, report the actual beginning month and ending month of your regular term of annual employment. For *retirement service type*, report the total of all months during your retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11-month retirement service type employee. If you do not want to supply this information, be assured that the Retirement Systems Division will contact your employer(s) if a question about your service record is raised.

You may duplicate this page as necessary. For reference, please number all the regular terms of annual employment in the boxes on the left-hand side of the page

| | | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| ELIGIBLE PERIOD: | START DATE | END DATE | POSITION TITLE | | |
| RETIREMENT SERVICE TYPE: | <input type="checkbox"/> 9-MONTH | <input type="checkbox"/> 10-MONTH | RETIREMENT SERVICE PERIOD: | BEGINNING MONTH | ENDING MONTH |
| | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH | | | |

How did this period end? ☐ I changed positions ☐ Employment with this employer ended

| | | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| ELIGIBLE PERIOD: | START DATE | END DATE | POSITION TITLE | | |
| RETIREMENT SERVICE TYPE: | <input type="checkbox"/> 9-MONTH | <input type="checkbox"/> 10-MONTH | RETIREMENT SERVICE PERIOD: | BEGINNING MONTH | ENDING MONTH |
| | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH | | | |

How did this period end? ☐ I changed positions ☐ Employment with this employer ended

| | | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| ELIGIBLE PERIOD: | START DATE | END DATE | POSITION TITLE | | |
| RETIREMENT SERVICE TYPE: | <input type="checkbox"/> 9-MONTH | <input type="checkbox"/> 10-MONTH | RETIREMENT SERVICE PERIOD: | BEGINNING MONTH | ENDING MONTH |
| | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH | | | |

How did this period end? ☐ I changed positions ☐ Employment with this employer ended

Section F. Please authorize with your signature.

I understand that the availability and amount of a retirement benefit I may be eligible to receive is governed by Retirement System law. I understand that any estimate provided cannot alter, modify, or otherwise change the controlling Retirement System law or governing legal documents in any way, nor can any right accrue to me by reason of any information provided or omission of information provided on the estimate. I understand that in the event of a conflict between a benefit estimate and Retirement System law, Retirement System law governs.

Signature _____ Date _____

Please mail all pages to the address below or fax to (919) 855-5800. Thank you.

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REV 20131105

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