North Carolina
Total Retirement Plans

Form **3**

Declining to Participate in the Local Governmental Employees' Retirement System

Please print or type in black ink.

Section A. Employee, 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. Employer, please certify this employee's information.

EMPLOYER			
AGENCY/UNIT NO.	DEPARTMENT NO.	JOB CLASS ID	EMPLOYMENT DATE

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge.

Employer Contact's Signature _____ Date_____

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE

EMPLOYER/AGENCY	UNIT NO.

E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.

Section C. Employee, decline your participation with your signature.

I hereby notify you that I was an employee of the Section B employer on the date of its participation in the North Carolina Local Governmental Employees' Retirement System, and that I wish to exercise my privilege not to be become a member of the North Carolina Local Governmental Employees' Retirement System. I take this action with full knowledge that if I do not hereafter make appropriate arrangements for membership through my employer, on or before ninety days after the employer began participation in the North Carolina Local Governmental Employees' Retirement System, I will lose credit for all service rendered by me prior to date of participation of the employer.

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 the foregoing instrument.

Witness my hand and official seal this the _____ day of _____, 20____

Signature of Notary _____

My commission expires _____

INK SEAL HERE

Please submit this form to the address below. 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