



Form **319457**

Choosing to Transfer NC 457 Plan Contributions for an Additional Monthly Benefit

Please print or type in black ink.

No erasures, strikeovers, or white-	outs permitted. F	lease do not sta	ple pages					
Section A. Please re	view your	personal	and retir	ement i	nformation			
FIRST NAME	MI	MI LAST NAME					SUFFIX	
MAILING ADDRESS							SSN	
CITY	TY STATE ZIP COD			E TELEPHON		NO.	MEMBER ID	
E-MAIL ADDRESS			'				DATE OF BIRTH	
RETIREMENT SYSTEM					FECTIVE TRA		TE: Y 1, YEAR	
IMPORTANT: Complete a Law Enforcement Office		if you are a l	_aw Enforc	ement Off	ficer vested on	or after July	1, 2010, or if you are <u>not</u>	
Section B. Understa	nd the cho	ice to tran	sfer the	se contr	ibutions is	yours.		
If you are retiring from the Teachers' and State Employees' Retirement System (TSERS) or Local Governmental Employees' Retirement System (LGERS) and have contributions in the NC 457 Plan you may choose to receive an additional monthly benefit by having the value of <u>all or a portion</u> of employer and employee contributions transferred from your NC 457 Plan account to the Retirement System. If you do wish to make a transfer, the additional monthly benefit will be calculated based on the amount of funds transferred and the guaranteed refund, benefit payment, and cost-of-living options you choose.				more than 120 days before your effective transfer date, and by 5 p.m. on the 15th calendar day in the month preceding your transfer date. By the 15th calendar day in the month preceding your transfer date, you must also be approved for retirement. A one-time administrative fee of \$100.00 will be deducted from any amount transferred. If you want to transfer from your NC 401(k) Plan also, then you must fill out Form 319401k, Choosing to Transfer NC 401(k) Plan Contributions for an Additional Monthly Benefit.				
If you do not wish to make the transfer, you will retain your choice to leave the contributions on deposit with the Plan or receive a distribution of those contributions. You may also choose to make this transfer anytime after retirement beginning July 1, 2011. You must apply for this benefit no				Note: If you will be or are over age 72 in the year the request is processed and have not satisfied the Required Minimum Distribution ("RMD") from your NC 457 account, the RMD will be processed prior to the amount requested below before the transfer is made.				
Section C. Please in	dicated yo	ur choice	and auth	orize w	ith your sig	nature.		
I have read and fully unders Transfer ALL funds	stand the information in Section B and I herewith make my election known: If you select this option and anticipate additional contributions sent to your NC 457 account after your last day of service, you may want to delay the effective date of transfer so that the additional contributions will be included. Please contact your NC 457 plan administrator to confirm when contributions are posted to your account.							
☐ Transfer amount specific	ed \$	I choose to transfer the amount listed of employee a employer contributions originally made to my NC 4 Plan to the Retirement System in Section A.					iginally made to my NC 457	
I understand that this choice Systems. I also understand							ne North Carolina Retirement mount transferred.	
Signature							Date	

Please continue to the next page.

N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 Telephone (919) 814-4950 Fax (919) 855-5800 www.myNCRetirement.com

REV 20220317

319457

option on the Form 33645	7, <i>Designating</i> nation on choo	pptions below by placing you Beneficiary(ies) for a Guara sing your guaranteed refund	nteed Refund as a Retiroption.	ee with a 457 Transfer	Benefit. Please refer
Three-Year Guarantee	pay diffe	ments received have not e erence between 36 times n	rorship beneficiary dies (if applicable), and the total receeded 36 times my initial monthly transfer benefit, the initial monthly transfer benefit and the payments recegnated beneficiary for the guaranteed refund.		
Return Guarantee	pay	die and my monthly survivor ments received has not exc aining funds will be paid to	eeded the funds transf	erred to TSERS\LGE	RS, then any
Section E. Please	initial nex	t to your chosen Cost	t-of-Living (COLA)	option.	
You must choose one of information on choosing y		tions below by placing you on.	ır initials on the line.	Please refer to Guide (C for more
Automatic Annual COLA	the	oose to receive an annual of increase in the CPI-U (Cons oflation.			
No COLA		oose not to receive an annu	ual cost-of-living adjustr	ment.	
Continu E Dinasa	initial man	• • • • • • • • • • • • • • • • • • •	mant aution		
		t to your chosen payr	<u> </u>		
You must choose one of information on choosing y		options below by placing y	our initials on the line	 Please refer to Guid 	e E for more
Maximum Allowance	Bas	ic straight life benefit with n	o monthly survivorship.		
Option Two	100	% joint and survivorship wit	h one monthly survivor	ship beneficiary desig	nated in Section G.
Option Three	50%	bijoint and survivorship with	one monthly survivors	hip beneficiary design	ated in Section G.
Option Six-Two		100% joint and survivorship with one monthly survivorship beneficiary designated in Section G, increasing to maximum allowance if monthly survivorship beneficiary dies first.			
Option Six-Three		6 joint and survivorship with easing to maximum allowar	•	. , ,	
Section G. Please	read Guide	e E and F, then design	nate your survivor	ship beneficiary,	if applicable.
		eted Option Two , Three, Si			
		nate the same beneficiary a es for a Guaranteed Refund			
M FIRST NAME*		LAST NAME*	SSN*	SPOUSE?	DATE OF BIRTH*
MAILING ADDRESS		l .	CITY		TE ZIP CODE

Section D. Please initial next to your chosen guaranteed refund option.

Section H. Please authorize your signature.

I revoke, as of the effective date of my retirement, any previous designation of beneficiary for any benefit or election of payment option except with respect to the NC 457 Transfer Benefit.

I now elect to have my monthly retirement benefits payable according to the option selected in Section F; and if I elected Option Two, Three, Six-Two, or Six-Three, I hereby designate my survivor for a monthly survivorship benefit in Section G.

I understand that If I elected Option Two or Three, and I named my spouse as monthly survivorship beneficiary, but my spouse dies, and I remarry, I may elect to name my new spouse as monthly survivorship beneficiary. This designation must be made within 90 days of remarriage under the same option with an additional reduction in my benefit amount and properly filed with the Retirement System within 120 days of the remarriage.

I understand I <u>cannot</u> change the elected retirement payment option, nor can I change the beneficiary for the monthly survivorship benefit, except under the following conditions:

- If the first retirement check has not been cashed, and it is prior to the 25th of the month following the month the first benefit check was mailed; and furthermore, the first check has been returned.
- If I have become divorced from my monthly survivorship beneficiary provided he/she was my spouse at the time of retirement.

I certify by my signature that I have read the Guides E and F and have completed pages 1, 2 and 3 of this form.

Signature		Date
Section I. Please have this for	n notarized. Improperly notarized fo	rms will not be accepte
Notary Public Certification		
State of	County of	_
	, a notary public for said State and County,	
do hereby certify that	personally appeared	INK SEAL HERE
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		



Page 1 of 2

Form **319457 Guides**

Choosing to Transfer NC 457 Plan Contributions for an Additional Monthly Benefit

Guide A. What amount of funds can I transfer?

You may transfer all or a portion of your employee and employer contributions; however, Roth and other after-tax contributions cannot be transferred. Keep in mind that once your funds have been transferred, then the transfer is

irrevocable and your funds cannot be returned. Please read the educational materials and use the benefit estimator located in ORBIT at www.myncretirement.com before you decide the amount of funds to transfer.

Guide B. How do the Guaranteed Refund Options work?

Those electing a transfer must choose between two guaranteed refund options: the Three-Year Guarantee or Full Return Guarantee.

Three-Year Guarantee Option

If you elect the three-year guarantee option, then you are guaranteed to receive 36 times your initial monthly benefit. If you and your monthly survivorship beneficiary (if applicable) die before this amount has been paid out, then your designated beneficiary for the guaranteed refund will receive the remaining balance.

Full Return Guarantee Option

The guaranteed refund is paid out to your designated beneficiary if you die and your monthly survivorship beneficiary (if applicable) is also deceased. If you elect the full return guarantee option and die before your transferred amount is exhausted, then any remaining contributions and interest are refunded to your designated beneficiary. Choosing the full return guarantee over the three-year guarantee will result in a lower monthly benefit payment.

Regardless of the option you choose, you must submit the Form 336457, Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree with a 457 Transfer Benefit.

Guide C. What is a Cost-of-Living Adjustment?

Cost-of-Living Adjustments (COLAs) are periodic adjustments to monthly benefit payments. Choosing the automatic COLA option for this additional monthly benefit means that once a year, your benefit payment is adjusted to changes in the price of goods. Choosing the no COLA option means your benefit will not increase due to increases in the price of goods.

Choosing the automatic COLA option will result in a lower initial monthly benefit compared to the no COLA option. COLAs are applied annually in July and are based on the May to May annual change in the Consumer Price Index - All Urban Consumers (CPI-U).

Guide D. What other factors will affect my benefit calculation?

The following are additional factors that affect your benefit calculation:

- Your age
- Your survivorship beneficiary's age, if you have chosen
- Option Two, Option Three, Option Six-Two, or Option Six-Three
- The applied interest rate, which changes monthly and is based on U.S. Treasury bond yields

Your years of service are not a factor in this benefit calculation.

Guide E. What are my payment options for the 457 Plan Transfer Benefit?

Maximum Allowance: Basic, Straight Life Benefit You will receive a monthly retirement benefit that is paid throughout your lifetime with all monthly benefit payments ceasing at your death.

Option Two: 100% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, the same reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life.

Option Three: 50% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, one-half of the reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life.

Option Six-Two: Modified 100% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, the same reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life. However, should this beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Option Six-Three: Modified 50% Joint and Survivorship You will receive a reduced monthly retirement benefit that provides that upon your death, one-half of the reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life. However, should this beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Please continue to the next page.

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319457



Form **319457 Guides Choosing to Transfer NC 457 Plan Contributions**

Fransfer NC 457 Plan Contributions for an Additional Monthly Benefit

Page 2 of 2

Guide F. What requirements must my monthly beneficiary meet (if applicable)?

For Options Two, Three, Six-Two, or Six-Three, you must designate a survivor who will receive a lifetime monthly benefit in the event of your death. This person must be carefully designated:

- You must choose one and only one beneficiary who is living.
- You do not need permission from the intended beneficiary to make the designation.
- You do not have to choose a spouse or relative as this beneficiary, although you will indicate whether or not this person is your spouse.
- You must give the beneficiary's full legal name and date of birth.

- You must include the Social Security Number, as this beneficiary may receive income from us, and income is taxable.
- This beneficiary <u>cannot</u> be a person you designated as a beneficiary of your Guaranteed Refund on Form 336457, Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree with a 457 Transfer Benefit, since it is only payable after your death **and** the death of the beneficiary who was named for a monthly survivorship option.

We encourage you to keep the current address of this beneficiary on file with us.

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

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