



# **Form 319LEO**

# Choosing to Transfer NC 401(k) Plan **Contributions for an Additional Monthly Benefit for Law Enforcement Officers**

## **Department of State Treasurer**

Retirement Systems Division 3200 Atlantic Avenue, Raleigh NC 27604 www.myNCRetirement.com • (919) 814-4590

Please print or type in black ink. No erasures, strikeovers or whiteouts permitted. Please do not staple pages.

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Se	ction A. Please	review y	your p	erso	onal	l and	retirem	ent informati	on.				
First Name				M.I. Last Name			)					SSN	
Mailing Address									Member ID				
City					State	•	Zip Code	Telephone			Mobile Phone		
Personal Email Address						Retirement S	etirement System				Date of Birth		
Effe	ctive Transfer Date		Month					Day			Year		
								1 - (First day of a mont	h)				
	RTANT: Complete this form only Retirement System. If you are a L											ntributions transferred from the former 319401k or 319457.	
Se	ction B. Unders	stand the	choi	ce to	o tra	ansfe	er these	contributions	s is your	'S.			
choose to receive an additional monthly benefit by having the value of all or a portion of employer and employee contributions transferred from your NC 401(k) account to the North Carolina Retirement Systems. If you do wish to make a transfer, the additional monthly benefit will be calculated based on the amount of funds transferred and benefit payment option you choose.  Note: satisfit							no later than 90 days after more than 90 days after will not be charged a feet Note: If you will be or satisfied the Required M	apply for this benefit no more than 120 days before your effective retirement date, and than 90 days after your effective retirement date. If you are applying for this benefit in 90 days after your effective retirement date, please complete Form 319401(k). You e charged a fee for transferring under these provisions.  you will be or are over age 73 in the year the request is processed and have not the Required Minimum Distribution ("RMD") from your 401(k) account, the RMD will be diprior to the amount requested below before the transfer is made.					
Se	ction C. Please	indicate	your	cho	ice	and	authoriz	ze with your s	signature	e.			
I have	read and fully understand the inf	formation in Sec	ction B and	d I herew	vith ma	ake my el	lection known:						
	Transfer ALL Funds	If you select this option and anticipate additional contributions sent to your NC 401(k) 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 401(k) plan administrator to confirm when contributions are posted to your account.											
	Transfer Amount Specified	Transfer Amount Specified I choose to transfer the amount listed of employee and employer contributions originally made to my NC 401 (k) Plan to the Retirement System in Section 1.								ne Retirement System in Section A.			
		fied (\$):	od (\$):										
l unde	erstand that this choice is irrevoca	able after NC 40	1(k) Plan	contribut	tions h	ave beer	n transferred to	the North Carolina Retir	ement Systems	S.			
Signature									Date				
5	**** *												

Section	D. Please initia	al next	to y	our chosen pay	yment o	otion.					
You must choose	e one of the payment options belo	ow by <b>placin</b>	g your	initials in the box. Please ref	er to Guide B fo	r more information on choosing y	our payr	ment option.			
	Maximum Allowance Basic straight life benefit with no monthly survivorship.										
	Option 2 100% joint and survivorship with one monthly survivorship beneficiary designated in Section E.										
	Option 3 50% joint and survivorship with one monthly survivorship beneficiary designated in Section E.										
	Option 4 Adjustment of retirement allowance and social security benefits with no monthly survivorship. (You must attach a statement from the Social Security Administration if you have not submitted one already. See Guide B.)  Option 6-2 100% joint and survivorship with one monthly survivorship beneficiary designated in Section E, increasing to maximum allowance if survivorship beneficiary dies first.										
Option 6-3 50% joint and survivorship with one monthly survivorship beneficiary designated in Section E, increasing to maximum allowance if n survivorship beneficiary dies first.											
	ection only if you selected Option	on <b>2, 3, 6-2,</b>	or 6-3	. If you selected Maximum	Allowance or C	our survivorship be	. You <b>m</b>	ay not design	ate the	same beneficiary as	
a beneficiary of y	our Guaranteed Refund on the F	Form 33640 <sup>2</sup>	1(k), <i>De</i>	esignating Beneficiaries for a	Guaranteed R	efund as a Retiree with a 401(k)	Transfer	Benefit. *REQ	JIRED F	IELD	
Gender	First Name* M.I. Last Na				me* SSN*			Spouse? Date of Birth*			
Mailing Addres	S				City			State		Zip Code	
0 1	E - Div		*41.								
Section				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 death benefit, if applicable.											
	I now elect to have my monthly retirement benefits payable according to the option selected in Section D; and if I elected Option 2, 3, 6-2, or 6-3, I hereby designate my survivor for a month survivorship benefit in Section E.										
survivorship		ust be made				but my spouse dies, and I rema option with an additional reduction					
	•	-	ent opt	ion, nor can I change the be	neficiary for the	monthly survivorship benefit, exc	ept und	er the following	conditio	ons:	
o Members with a retirement date effective on or after Jan. 1, 2024 Your first retirement benefit payment should be made by direct deposit. Instructions must be received and acknowledged by the Retirement Systems before your effective retirement dat Otherwise, a paper check will be mailed. Your retirement selection is locked in when the first payment becomes normally due and the first benefit payment date has occurred. After a memb has received their first payment through direct deposit or their first paper check has been mailed, they will be unable to make changes to their payment option and month survivorship beneficiary.											
<ul><li>If I hat and h</li></ul>	ave become divorced from my monave completed pages 1, 2 and 3	onthly surviv 3 of this form	orship	beneficiary provided he/she	was my spouse	at the time of retirement. I certify	by my s	signature that I	have rea	ad the Guides B and (	
Signature							Date				
Section	G. Have this fo	rm not	ariz	ed. Improperly n	otarized f	orms will not be acce	epted	•			
State of		Count	y of								
l,	, 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 offic	cial seal this	the	day of	, 20						
My Commission	Expires										

Signature of Notary \_\_\_\_



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# Form 319LEO Guides Choosing to Transfer NC 401(k) Plan Contributions for an Additional Monthly Benefit for Law Enforcement Officers

### Guide A. What amount of funds can I transfer?

You may transfer all or a portion of your employee and employer contributions; however, Roth after-tax contributions cannot be transferred. Keep in mind that once you have made the election and after your NC 401(k) contributions have been transferred, the transfer is irrevocable and your funds cannot be returned. Please read the educational materials and use the benefit estimator located under the NC 401(k) and 457 tab at www.myNCRetirement.com before you decide the amount of funds to transfer.

## Guide B. What are my payment options for the 401(k) 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 2: 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 or her life.

**Option 3: 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 or her life.

Option 4: Adjustment of Retirement Allowance and Social Security Benefits You will receive a monthly retirement benefit that is larger than the Maximum Allowance until you are eligible for Social Security at age 62. Your Retirement System benefit will be reduced in the month following the month of initial entitlement for your Social Security age 62 benefit. Your reduced retirement payments after age 62, plus your allowance from the Social Security Administration (SSA), should be approximately the same amount as the inflated payment you received from the Retirement System before age 62.

To choose this option, you must attach current documentation (less than 2 years old) from SSA that estimates the SSA benefits you should receive at age 62. The actual amount of your retirement payments both before and after age 62 will be based on this estimate of benefits you provide to us from SSA before your retirement. Contact SSA for information on applying for benefits and the date that your first age 62 Social Security benefit will be paid to you.

Option 6-2: 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 or her life. However, should this beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Option 6-3: 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 or her life. However, should this beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

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

For Options 2, 3, 6-2, or 6-3, 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 336401k, Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree with a 401(k) Transfer Benefit, since the Guaranteed Refund 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.



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### Guide **D**. What are my options for post-retirement assets?

If you plan to transfer any additional assets into your NC 401 (k) account after your effective retirement date, you may postpone your effective transfer date up to three months after your effective retirement.

The Retirement System will instruct the NC 401(k) administrator to transfer the amount specified on this form from your NC 401)(k) account on the effective transfer date.

#### Guide E. How is the Guaranteed Refund Calculated?

Once your transfer is processed, your Guaranteed Refund balance is the employee contributions with interest that you transferred. Your Guaranteed Refund decreases by the amount of each monthly benefit payment. If you and your monthly survivorship beneficiary (if applicable) die, then any remaining balance is paid to your designated beneficiary for the Guaranteed Refund.

For the Guaranteed Refund, you must submit Form 336401k, Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree with a 401(k) Transfer Benefit.