North Carolina
Retirement Systems

Form 333BEN
Designating Beneficiary(ies) for the Contributory Death Benefit for Retired Members

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Tell us about yourself.

First Name	M.I.	Last Name		Suffix
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address				Member ID

Section B. Indicate the Retirement System into which you contributed.

If more than one, you must fill out a separate form for each retirement system account.

☐	Teachers' and State Employees' Retirement System (TSERS)	☐	Consolidated Judicial Retirement System (CJRS)
☐	Local Governmental Employees' Retirement System (LGERS)	☐	Legislative Retirement System (LRS)

Section C. Authorize with your signature.

I hereby authorize the Board of Trustees to make payment of the Contributory Death Benefit to the beneficiary(ies) I have designated on the following page(s). I acknowledge that the payments will be a complete discharge of any claim and will constitute a release of the Retirement System from any further obligation on my account. I understand that by completing and signing this form, I acknowledge having read all the information included. I reserve the right to change the beneficiary(ies) designated on the following page(s) in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strikeovers, or white-outs in Sections C through H, if applicable. I certify by my signature that I have completed all pages of this form, and have included, if applicable, any continuation pages.

Signature _____ Date _____

Note: Do not submit this form unless you have enrolled in the optional CDB coverage.

Section D. Have this form notarized. Improperly notarized forms will not be accepted.

State of _____ County of _____

I, _____, 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 official seal this the _____ day of

_____, 20 ____. My Commission Expires _____

Signature of Notary _____

INK SEAL HERE

Section E. Submit the properly completed form by mail.

You may mail the completed form to the address at the bottom of page 1. The beneficiary(ies) you designate on this form will not be valid until this form has been properly completed, notarized, and received by our office prior to your death. If any erasures, strikeovers, or whiteouts are found in any signature line, beneficiary designations, or notary section, this form will not be acceptable, and you will need to complete a new Form 333BEN. Upon receipt of this form, the Retirement System will mail an acknowledgment letter to you. Only the Form 333BEN most recently received by the NC Retirement Systems that is properly completed and notarized will be effective.

Continue to the next page.

Section F. Designate Principal beneficiary(ies).

I hereby revoke any previous designation of principal beneficiary(ies) and request the Board of Trustees to pay the Contributory Death Benefit after my death to the beneficiary(ies) I now designate. ***REQUIRED FIELD**

Principal(s) (See Guide A):

1.	First Name*		M.I.	Last Name*	
	Mailing Address				SSN*
	City	State	Zip Code	Phone	Date of Birth*
	Personal Email Address				Relationship

2.	First Name*		M.I.	Last Name*	
	Mailing Address				SSN*
	City	State	Zip Code	Phone	Date of Birth*
	Personal Email Address				Relationship

☐ If you are designating more than two principal beneficiaries, please attach a continuation page and check the box at left.

Section G. Designate Contingent beneficiary(ies). (Optional)

I hereby revoke any previous designation of contingent beneficiary(ies) and request the Board of Trustees to pay the Contributory Death Benefit after my death to the beneficiary(ies) I now designate. ***REQUIRED FIELD**

Contingent(s) (See Guide A):

3.	First Name*		M.I.	Last Name*	
	Mailing Address				SSN*
	City	State	Zip Code	Phone	Date of Birth*
	Personal Email Address				Relationship

4.	First Name*		M.I.	Last Name*	
	Mailing Address				SSN*
	City	State	Zip Code	Phone	Date of Birth*
	Personal Email Address				Relationship

☐ If you are designating more than two contingent beneficiaries, please attach a continuation page and check the box at left.

Continue to the next page.

Section G. Designate Contingent beneficiary(ies). (Optional) (Continued)

Signature Date	Member SSN	Member ID

Section H. Designate additional beneficiary(ies). (Optional)

5.	First Name*		M.I.	Last Name*		
	Mailing Address				Date of Birth*	SSN*
	City	State	Zip Code		Phone	Relationship
	Personal Email Address				Select a Beneficiary Type:	☐ Principal ☐ Contingent

6.	First Name*		M.I.	Last Name*		
	Mailing Address				Date of Birth*	SSN*
	City	State	Zip Code		Phone	Relationship
	Personal Email Address				Select a Beneficiary Type:	☐ Principal ☐ Contingent

7.	First Name*		M.I.	Last Name*		
	Mailing Address				Date of Birth*	SSN*
	City	State	Zip Code		Phone	Relationship
	Personal Email Address				Select a Beneficiary Type:	☐ Principal ☐ Contingent

8.	First Name*		M.I.	Last Name*		
	Mailing Address				Date of Birth*	SSN*
	City	State	Zip Code		Phone	Relationship
	Personal Email Address				Select a Beneficiary Type:	☐ Principal ☐ Contingent

Signature Date	Member SSN	Member ID

See Section E for instructions for submitting this form.

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Form 333BEN Guides
Designating Beneficiary(ies) for the Contributory Death Benefit for Retired Members

Guide A. How do I choose my Contributory Death Benefit beneficiary(ies)?

You must provide the Name, Social Security Number and Date of Birth of each beneficiary.

- You may designate any living person(s), your estate, or a trustee for a living person, as your beneficiary(ies).
- If you do not designate a beneficiary, or if your designated beneficiary(ies) is not living at your death, the benefit will be paid to your legal representative (usually the administrator or the executor of your estate, or collector of funds for your estate).
- You may change your beneficiary(ies) for the Contributory Death Benefit at any time prior to your death.
- You do not need permission from the beneficiary(ies) to make or change the designation.
- You do not have to make your beneficiary(ies) aware of this designation.

You have the option to designate:

A living person who does not have to be a relative. If you choose one person as your principal beneficiary, you may name contingent beneficiary(ies) in the event the principal beneficiary predeceases you.

More than one living person to share in the benefit equally and who do not have to be related to you. Copy and attach additional Continuation Pages if you need additional space to list all beneficiaries.

Your estate by writing ESTATE in the box asking for a beneficiary's LAST name.

A trustee for a living person by submitting a copy of the trust agreement with this form.

Your beneficiary(ies) cannot be an unborn child, a pet, a church, or any other institution.

Guide B. What amount will be payable at my death?

The amount payable at your death is dependent on when your death occurs following your effective date of coverage. If your death occurs on the first day of the month following the 24th month of coverage for which the required contributions have been made, the full $10,000 will be paid. If your death occurs before the first day of the month following the 24th month of coverage, your beneficiary will receive the total of the contributions you have made plus interest at a rate determined by the Board of Trustees.

Guide C. How will my beneficiary claim the benefit at my death?

Your beneficiary or executor of your estate should report your death to the NC Retirement Systems and provide us with your death certificate and current contact information for the beneficiary(ies). The Certificate of Coverage that was sent to you after receipt of your first contribution does not need to be presented at your death to claim the benefit.

Guide D. Disclaimer.

The availability and amount of all benefits that the retiree might be eligible to receive is governed by Retirement System law. The information provided in this guide cannot alter, modify, or otherwise change the controlling Retirement System law or other governing legal documents in any way, nor can any right accrue to the retiree or beneficiary by reason of any information provided or omission of information provided herein. In the event of a conflict between this information and Retirement System law, Retirement System law governs.

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

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