



# North Carolina Retirement Systems



## Form 359 Transferring Accounts in the Firefighters' and Rescue Squad Workers' Pension Fund

Print or type in black ink. No erasures, strikeouts 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. Authorize with your signature.

I hereby certify that I have not previously received a refund of my contributions in the Firefighters' and Rescue Squad Workers' Pension Fund described in Section C. Further, I am an eligible member of the department or squad in Section C to which I am transferring my account in the Fund.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section C. Provide the following information about your transfer.

|                                                                                                                        |                                 |                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>Transfer From:</b> (Be sure that this account is paid through the last day of service before you submit this form.) |                                 |                                                                                                 |  |
| Fire Department or Rescue Squad Name                                                                                   |                                 | Department / Squad Number (If Known)                                                            |  |
| County                                                                                                                 | Date Service Ended (MM-DD-YYYY) | Check One: <input type="checkbox"/> Firefighter<br><input type="checkbox"/> Rescue Squad Worker |  |
| <b>Transfer To:</b>                                                                                                    |                                 |                                                                                                 |  |
| Fire Department or Rescue Squad Name                                                                                   |                                 | Department / Squad Number (If Known)                                                            |  |
| County                                                                                                                 | Date Service Began (MM-DD-YYYY) | Check One: <input type="checkbox"/> Firefighter<br><input type="checkbox"/> Rescue Squad Worker |  |

I hereby certify that the applicant named in Section A is a current member of this department/squad.

Chief, Captain, or  
Authorized Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit the completed form by mail or email.**

N.C. Department of State Treasurer, Retirement Systems Division  
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# North Carolina Retirement Systems

## Form 359 Guides Transferring Accounts in the Firefighters' and Rescue Squad Workers' Pension Fund

Complete this form if you are a member of a Fire or Rescue Squad Department and are transferring to another Fire or Rescue Squad Department.

### Guide A. Why does the FRSWPF need to be advised when I change departments?

1. You can only report membership as an eligible Firefighter **or** Rescue Squad Worker to receive Retirement service credit in any calendar year. The Form 359 acts as the tracking document for the Pension Fund.
  - An eligible firefighter may not also qualify as an eligible rescue squad worker in order to receive double benefits from the Pension Fund.
  - An eligible rescue squad worker may not also qualify as an eligible firefighter in order to receive double benefits from the Pension Fund.
2. If you are reported on a Roster for in a calendar year by an Eligible Fire or Rescue Squad department, the contributions reported by you or on your behalf must match the eligible department where you performed your services. Otherwise, the contributions received by the Pension Fund office will be delayed until a Form 359 (Transfer form) has been submitted and processed by our office. If the form is not provided upon request, the contributions will be returned.

Cash is not accepted as a form of payment. The acceptable methods of payment are personal check, money order, or cashier's check.

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