

**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.

# Form **6SAB** **Choosing the Survivor's Alternate Benefit**

## Section A. Tell us about yourself.

Our records show that you are a beneficiary of:

|                    |           |            |
|--------------------|-----------|------------|
| Member's Full Name | Member ID | Member SSN |
|--------------------|-----------|------------|

Your personal information:

|                        |       |           |               |
|------------------------|-------|-----------|---------------|
| First Name             | M.I.  | Last Name | Suffix        |
| Mailing Address        |       |           | SSN           |
| City                   | State | Zip Code  | Telephone     |
| Personal Email Address |       | Member ID | Date of Birth |

## Section B. Please review the Retirement System and estimates that apply.

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

Teachers' and State Employees' Retirement System  
Local Governmental Employees' Retirement System  
Consolidated Judicial Retirement System  
Legislative Retirement System

## Section C. Please authorize the Survivor's Alternate Benefit with your signature.

I hereby certify that I have been presented with a choice between the Survivor's Alternate Benefit (or Surviving Spouse Benefit in the Consolidated Judicial Retirement System), which is a monthly benefit, and a Return of Contributions, which is a one-time lump sum payment.

I understand that if the member had any overpayment amount due, my benefit will be reduced by the overpayment amount before any remaining balance (if any) is paid to me. I hereby certify that I choose to receive the **Survivor's Alternate Benefit** (or Surviving Spouse Benefit in the Consolidated Judicial Retirement System), which is a monthly benefit. I understand that the Survivor's Alternate Benefit is a monthly lifetime benefit and that all payments will cease at my death. If I have chosen the Surviving Spouse Benefit which only applies to a deceased Consolidated Judicial Retirement System member's spouse, I understand that all payments will cease if I remarry or at my death, whichever occurs first. Further, I recognize that this choice is irrevocable once my request is received and processed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section D. Please 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 \_\_\_\_\_

## Section E. Complete and submit additional forms relevant to your choice.

**Form 170S:** Authorizing Direct Deposit  
**Form 290S:** Choosing Income Tax Withholding Preferences

**Please mail all forms to the address below or fax them to (919) 855-5800. Thank you.**

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