

Form 7E Disability Retirement Payment Option

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

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Section A. Review your personal an	d retire	ment information.						
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	Effective Retirement Date						
Retirement System								
Section B. The Guaranteed Refund applies to any option you choose.								
The Guaranteed Refund feature provides that upoptions if the member and the member's memberisary die before exhausting the total	nonthly su	urvivorship the m	he member's accumulated cont nonthly retirement benefit will d will not be payable. After comp	continue, but the Guaranteed				

The Guaranteed Refund feature provides that under all retirement options if the member and the member's monthly survivorship beneficiary die before exhausting the total of the member's accumulated contributions at the date of the member's retirement, any remaining portion will be paid in a lump sum payment to the beneficiary(ies) the member designated. The purchase of additional creditable service after retirement (less the administrative fee) is also covered by the Guaranteed Refund feature, as well as NC 401(k) Plan employee contributions that the member transferred to the Retirement System if the member was a law enforcement officer.

If all the member's accumulated contributions have been exhausted, the monthly retirement benefit will continue, but the Guaranteed Refund will not be payable. After completion of this form, you will have chosen an option and survivorship beneficiary, if applicable, and you may designate the beneficiary(ies) of the member's Guaranteed Refund using Form 336 (Designating Beneficiary(ies) for Your Guaranteed Refund), which will be mailed to you and is also available on the ORBIT website.

Section C. Read Guide A, then choose one of the following payment options.					
You have a choice of retirement payment options. Please read Guide A, refer to your Report of Your Estimated Retirment Benefit, and make your choice.					
	Maximum Allowance	Basic straight life benefit with no monthly survivorship.			
	Option 2	100% joint and survivorship with one monthly survivorship beneficiary designated in Section D.			
	Option 3	50% joint and survivorship with one monthly survivorship beneficiary designated in Section D.			
	Option 6-2	100% joint and survivorship with one monthly survivorship beneficiary designated in Section D, increasing to maximum allowance if monthly survivorship beneficiary dies first.			
	Option 6-3	50% joint and survivorship with one monthly survivorship beneficiary designated in Section D, increasing to maximum allowance if monthly survivorship beneficiary dies first.			
	None of the Above	I have reviewed my estimate of retirement options and decided that I want to cancel my current application for retirement and apply for retirement at another time. (Skip to Sections E and G only.)			

Section D. Read Guide B, then designate the survivorship beneficiary, if applicable.							
Complete this section only if you selected Option 2, 3, 6-2, or 6-3 (* indicates a required field).							
First Name*	M.I.	Last Name*			Spouse No	Gender	
Mailing Address					SSN*		
City			State	Zip Code	Phone		
Personal Email Address					Date of Birth*		
Proof of Birth: You must attach Government-issued proof of age and legal name for yourself and your Survivor Beneficiary: - Birth Certificate, Driver's License, Passport, or State/ Federal/ Military Identification							
Section E. Authorize with your signature	re.						
I revoke, as of the effective date of my retirement, any respect to the death benefit, if applicable.	previo	ous designation of ben	eficiary for	any benefit or election	on of payment opti	on except with	
I now elect to have my monthly retirement benefits payable according to the option selected in Section C, and if I elected Option 2, 3, 6-2, or 6-3, I hereby designate my survivor for a monthly survivorship benefit in Section D.							
I understand that if I elected Option 2 or 3, and I name elect to name my new spouse as monthly survivorship option with an additional reduction in my benefit amou	bene	ficiary. This designati	on must be	made within 90 day	s of remarriage u	nder the same	
I understand I cannot change the elected retirement payment option once it is locked in, nor can I change the beneficiary for the monthly survivorship benefit, except under the following conditions:							
 If I have become divorced from my monthly survivorship beneficiary provided he/she was my spouse at the time of retirement. If I return to employment covered by the retirement system under which I retired, and I contribute to a new account for at least three years. 							
I understand that if I return to work and exceed my ear	nable	allowance:					
The Retirement Systems Division is required to reduce my benefit equal to the amount I exceeded the earnings limits.							
 If I am eligible to convert to a service retirement, the benefit will remain reduced and continue to be reduced each year based on earnings unless I contact the Retirement Systems Division to make an irrevocable election to convert to an early service retirement. 							
 If I am not eligible to convert to an early service retirement. 							
I certify by my signature that I have read the Guide A (I check), and have completed pages 1 and 2 of this form		ent options), Guide B (survivorshi	p beneficiary require	ments), Guide C (first retirement	
Signature				Date			
Section F. Have this form notarized. Im	ıprop	erly notarized for	ms will n	ot be accepted.			
State ofCour	nty of _						
l,, a notary publ	ic for	said State and County	, do hereby	certify			
that personally ap	peare	ed before me this date	and ackno		INICOEAL LIES	_	
the due execution of this form. Witness my hand and o	official	seal this the			INK SEAL HERE	-	
, 20 My Commiss	ion Ex	cpires					

Signature of Notary___

Section G. Submit the completed form by mail.

You may mail the completed form to the address below. If any erasures, strikeovers, or white outs are in the payment option, beneficiary designation, or signature line (Sections C through E), an entirely new form will be required. You will receive an acknowledgment letter when the Retirement System has received this form.

Member Last Name	SSN





Form 7E Guides Disability Retirement Payment Option

Guide A. Retirement Payment Options.

You have a choice of retirement payment options. (All of these payment options include the Guaranteed Refund. See Guides on Form 336, Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree.) Please review the following payment options.

OPTIONS WITHOUT A MONTHLY BENEFIT FOR A SURVIVOR AFTER YOUR DEATH

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.

OPTIONS WITH A MONTHLY BENEFIT FOR A SURVIVOR AFTER YOUR DEATH

For all of the following, your benefit amount is affected by both your age and the age of the beneficiary you choose.

Option 2: 100% Joint and Survivorship

You will receive a reduced monthly retirement benefit which provides upon your death that the same reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life.

Option 3: 50% Joint and Survivorship

You will receive a reduced monthly retirement benefit which provides upon your death that one-half of the reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life.

Option 6-2: Modified 100% Joint and Survivorship

You will receive a reduced monthly retirement benefit which provides upon your death that 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 6-3: Modified 50% Joint and Survivorship

You will receive a reduced monthly retirement benefit which provides upon your death that 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.

CONFIRMATION OF OPTION

When the Retirement Systems has received your Form 7E, we will mail you confirmation of the option you chose and the amount you can expect your first payment to be.

Guide B. Monthly Beneficiary Requirements (if applicable).

For Options 2, 3, 6-2, 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 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.

- You must attach Government-issued proof of age and legal name for your Survivor Beneficiary (driver's license, birth certificate, passport, or state, federal, or military identification).
- This beneficiary **cannot** be a person you designate as a beneficiary of your Guaranteed Refund on Form 336 (Designating Beneficiary(ies) for the Guaranteed Refund), 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.

Guide C. First Retirement Check.

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 date. Otherwise, a paper check will be mailed.

Your retirement selection and your monthly survivorship beneficiary, if any, are locked in when the first payment becomes normally due, and the first benefit date has occurred.