



North Carolina Retirement Systems

Designating Beneficiary(ies) for Retirement System Return of Contributions



Please print or type in black ink.

No erasures, strikeouts, or white-outs permitted in Sections C through G. Please do not staple pages.

Section A. Tell us about yourself.					
FIRST NAME	MI	LAST NAME		SUFFIX	SSN (Last 4 digits)
MAILING ADDRESS					MEMBER ID
CITY	STATE	ZIP CODE	TELEPHONE NO.		DATE OF BIRTH
E-MAIL ADDRESS					

You may not use this form to change your address. See your employer or visit www.myncretirement.com to change your address.

Section B. Please check the Retirement System that applies and list your current employer.

A separate form is required for each System. Please note that this form, 2RC, is for active members only. Retirees of any System should use a **Form 336** to designate beneficiary(ies) for undistributed contributions. Consolidated Judicial Retirement System (CJRS) active members should not complete this Form 2RC. CJRS members should only complete Form 2DB.

- Teachers' and State Employees' Retirement System (TSERS) Legislative Retirement System (LRS)
- Local Governmental Employees' Retirement System (LGERS)

CURRENT EMPLOYER

Section C. Complete the following pages and then authorize them with your signature here.

I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on page 2 of this form. I acknowledge that the payments shall be a complete discharge of any claim and shall 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 the Guides. I reserve the right to change the beneficiary(ies) designated on page 2 of this form in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strikeouts, or white-outs in Sections C through H. **I certify by my signature that I have completed all pages of this form.**

Signature _____ Date _____

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

Notary Public Certification

State of _____ County of _____

I, _____, a notary public for said State and County,

do hereby certify that _____ personally appeared

before me this date and acknowledged the due execution of this Form 2RC.

Witness my hand and official seal this the _____ day of _____, 20 _____

Signature of Notary _____

My Commission Expires _____

INK SEAL
HERE

Section E. After the completed and signed form is notarized, please submit the form by mail.

You may mail the completed form to the address below. Your beneficiary designation will not be valid until this form has been properly completed, notarized, and **received by our office prior to your death**. If any erasures, strikeouts, or white-outs 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 2RC. Upon receipt of this form, the Retirement System will mail an acknowledgment letter to you. Only the Form 2RC most recently received by the Retirement Systems Division and properly completed and notarized will be effective.

Please continue to the next page.

N.C. Department of State Treasurer, Retirement Systems Division
325 North Salisbury Street, Raleigh, North Carolina 27603-1385
(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.myncretirement.com

Section F. Please designate PRINCIPAL beneficiary(ies). See Guide C

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP

Section G. Please designate CONTINGENT beneficiary(ies). See Guide C

If you listed more than one person in Section F, do not complete this section. The Contingent beneficiary(ies) is only paid in the event the principal beneficiary is deceased.

FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP
FIRST	MI	LAST	SSN (REQUIRED)	RELATIONSHIP	DATE OF BIRTH
ADDRESS			CITY	STATE	ZIP

Thank you.

DESIGNATION DATE:	MEMBER SSN (Last 4 digits)
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