North Carolina
Total Retirement Plans

Form **276**

Designating Beneficiary(ies) for the Separate Insurance Benefit Plan for Law Enforcement

Please print or type in black ink. No erasures, strikeovers, or white-outs permitted in Sections C through I.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME		SUFFIX
MAILING ADDRESS				SSN
CITY	STATE	ZIP CODE	TELEPHONE NO.	MEMBER ID
E-MAIL ADDRESS				DATE OF BIRTH

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.

This form is not required (see Guide A). Membership in a System is not required.

☐ Teachers' and State Employees' Retirement System (TSERS) ☐ None

☐ Local Governmental Employees' Retirement System (LGERS)

Current Employer _____

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

I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on this form on the following pages. 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 account of the benefit. 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 pages 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 I, 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_____

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 276.

INK SEAL HERE

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

Signature of Notary _____

My commission expires _____

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 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 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 276. Upon receipt of this form, the Retirement System will mail an acknowledgment letter to you. Only the Form 276 most recently received by the Retirement Systems Division that is properly completed and notarized will be effective.

Please continue to the next page.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com

Section F. Please review the Separate Insurance Benefit Plan for Law Enforcement Officers.

The Separate Insurance Benefits Plan is for any law enforcement officer in the state of North Carolina; a law enforcement officer does not have to be a member of a North Carolina retirement system to be eligible for this benefit.

An eligible law enforcement officer is a permanent, full-time employee whose primary duties consist of the prevention and detection of crime, and/or enforcing on public property the criminal laws of North Carolina, and/or serving civil processes, and who has been certified as a law enforcement officer by the Training and Standards Council, North Carolina Department of Justice.

Any beneficiary must meet the requirements in Guide B. You may change your beneficiary(ies) for this benefit at any time.

Section G. Please designate *PRINCIPAL* beneficiary(ies). *REQUIRED FIELD

I hereby revoke any previous designation of principal beneficiary(ies) and request the Board of Trustees to pay in the event of my death the beneficiary(ies) I now designate for the Separate Insurance Benefit for Law Enforcement Officers:

Principal(s) (See Guide B)

FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS					TELEPHONE NO.
FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS					TELEPHONE NO.

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

Section H. Please designate *CONTINGENT* beneficiary(ies) (optional). *REQUIRED FIELD

I hereby revoke any previous designation of contingent beneficiary(ies) and request the Board of Trustees to pay in the event of my death the beneficiary(ies) I now designate for the Separate Insurance Benefit for Law Enforcement Officers.

Contingent(s) (See Guide B)

FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS					TELEPHONE NO.
FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*
ADDRESS			CITY	STATE	ZIP
E-MAIL ADDRESS					TELEPHONE NO.

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

See Section E for instructions for submitting this form.

DESIGNATION DATE	SSN (REQUIRED)

North Carolina
Total Retirement Plans

Form **276**
Continuation Page (Duplicate As Necessary)

Please print or type in black ink.
No erasures, strikeovers, or white-outs permitted on this page.

Section I. Please designate additional beneficiary(ies) (optional). **REQUIRED FIELD*

a Choose one: ☐ Principal ☐ Contingent

FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*

ADDRESS	CITY	STATE	ZIP

E-MAIL ADDRESS	TELEPHONE NO.

b Choose one: ☐ Principal ☐ Contingent

FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*

ADDRESS	CITY	STATE	ZIP

E-MAIL ADDRESS	TELEPHONE NO.

c Choose one: ☐ Principal ☐ Contingent

FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*

ADDRESS	CITY	STATE	ZIP

E-MAIL ADDRESS	TELEPHONE NO.

d Choose one: ☐ Principal ☐ Contingent

FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*

ADDRESS	CITY	STATE	ZIP

E-MAIL ADDRESS	TELEPHONE NO.

e Choose one: ☐ Principal ☐ Contingent

FIRST*	MI	LAST*	SSN*	SPOUSE? ☐ YES ☐ NO	DATE OF BIRTH*

ADDRESS	CITY	STATE	ZIP

E-MAIL ADDRESS	TELEPHONE NO.

***REQUIRED FIELD**

See Section E for instructions for submitting this form.

DESIGNATION DATE	SSN (REQUIRED)

North Carolina
Total Retirement Plans

Form **276 Guides**
Designating Beneficiary(ies) for the Separate Insurance Benefit Plan for Law Enforcement

Guide A. What is the Separate Insurance Benefit Plan for Law Enforcement Officers?

The Separate Insurance Benefits Plan is for any law enforcement officer in the state of North Carolina; a law enforcement officer does not have to be a member of a North Carolina retirement system to be eligible for this benefit (G. S.143-166.60).

Should you die while you are serving as a law enforcement officer, a benefit of $5,000 will be distributed to your surviving spouse, or if there is no surviving spouse, to your estate. But, you may designate a beneficiary(ies) other than the surviving spouse using this form. If you would like for your spouse to be the beneficiary, you do not need to submit this form.

Alternately, should you die while you are retired after a career of 20 or more years as a law enforcement officer or in receipt of a disability benefit from any state-administered Retirement System, a benefit of $4,000 will be distributed to your surviving spouse, or if there is no surviving spouse, to your estate. But, you may designate a beneficiary(ies) other than the surviving spouse using this form. If you would like for your spouse to be the beneficiary, you do not need to submit this form.

Any beneficiary must meet the requirements in Guide B. You may change your beneficiary(ies) for this benefit at any time.

- You may list one or multiple principal beneficiaries. If you limit your designation to a single principal beneficiary, you may designate one or multiple contingent beneficiary(ies).
- If you list multiple principal or contingent beneficiaries, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among multiple beneficiaries.

Guide B. What requirements should I meet in choosing my beneficiary(ies)?

You must provide the name, Social Security number and date of birth of each beneficiary and indicated whether a spouse.

- Your beneficiary(ies) cannot be an unborn child, a pet, a church, or any institution.
- 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 do not have to name relatives as beneficiary(ies).

You have the option to designate as a beneficiary:

- **a living person**. 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. Duplicate and attach additional Continuation Pages if you need additional space to list all beneficiaries.
- **your estate**. Write *ESTATE* in the box asking for a beneficiary's *LAST* name.
- **a trustee for a living person**. If you name a trustee for a living person, submit a copy of the trust agreement with this form.

Guide C. How is this benefit paid to my beneficiary(ies)?

Upon receiving a certified copy of the final death certificate, the Retirement Systems Division will determine what benefits are payable. Any benefit will be paid to the designated principal beneficiary(ies), but if you designated only one principal beneficiary who is deceased at the time of your death, the benefit will be paid to any contingent beneficiary(ies). If you designated multiple co-beneficiaries and one is deceased at the time of your death, the benefit will be paid to the surviving co-beneficiary(ies).

If a beneficiary is a minor, payment will be made to one of the following:

- the qualified guardian of the minor
- the Clerk of the Court of the County in which the minor resides
- the minor after he/she attains the age of majority. (Generally, the age of majority in North Carolina is 18.)

If you named your estate as your beneficiary, or if no named principle or contingent beneficiary is alive at your death:

- Payment will be made to your estate after an administrator or executor has qualified.
- If there is no qualification, payment could be paid to the Clerk of Court to handle according to the laws of the state.

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

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