North Carolina
Retirement Systems

Form 455
Purchase Retirement Credit for a Period of Out-of-State or Federal Employment

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

Section A. Tell us about yourself.

Prior to completing this form, log in to ORBIT and select Create Service Purchase Estimate in the left navigation to generate a cost estimate (ORBIT.myNCRetirement.gov). **DISCLAIMER:** The Service Purchase calculations provided by ORBIT are only estimates and are not official cost calculations from the Retirement Systems Division.

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. Indicate the Retirement System into which you contributed.

This purchase type is available to you if you are currently a contributing member in one of the following systems:

- ☐ Teachers' and State Employees' Retirement System (TSERS)
- ☐ Local Governmental Employees' Retirement System (LGERS)
- ☐ Consolidated Judicial Retirement System (CJRS)

Last employer in this system

Section C. Review eligibility requirements specified by law for this purchase.

You may be **eligible to purchase** service credit for period(s) of public employment with certain out-of-state employers or federal employment in accordance with G.S. 135-4.5(a)(2) (TSERS), G.S. 128-26.5(a)(2) (LGERS), or G.S. 135-56.5(a)(2) (CJRS) if you **meet the following requirements:**

Out-of-State Employment

1. Your employer, during the eligible period of out-of-state employment, was one of the following:
   - A state or political subdivision of a state other than North Carolina
   - A United States territory or a political subdivision of it
   - If you are a member of TSERS: a federal school, and overseas dependent school, military dependent school, United States Public Health Service, the Merchant Marines (only if you were in the United States Naval Reserve and the Merchant Marines simultaneously)
2. All work during the eligible period is classified as permanent and full-time.
3. You have five years of contributing membership service.
4. No benefit is allowable in another public retirement system as a result of the eligible out-of-state service. If you currently have membership in an out-of-state retirement system, you may be eligible to rollover your contributions to make the purchase for the same service in this Retirement System.

Federal Employment

1. Your employer during the period of full-time service must have been the federal government.
2. You are not eligible for a benefit in another retirement system as a result of the federal service.
3. You have five years of contributing membership service.

If you do not meet these requirements, do not submit this form.

Continue to the next page.

Section D. Authorize the preparation of a cost statement with your signature.

I certify that my period(s) of out-of-state or federal employment meet the eligibility requirements in accordance with G.S. 135-4.5(a)(2) (TSERS), G.S. 128-26.5(a)(2) (LGERS), or G.S. 135-56.5(a)(2) (CJRS) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer that paid you during your period(s) of out-of-state public employment or federal employment to complete Section E.

Section E. Employer or Federal Office contact, verify the employee's period(s) of out-of-state or federal employment.

Provide the employee's period(s) of service and verify the start and end date of the period(s) that meets the requirements. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.)

- For **retirement service type**, report the total of all months during the retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11 month retirement service type employee.
- For **retirement service period**, report the actual beginning month and ending month of the employee's regular term of annual employment.

1. Eligible Period:

Start Date	End Date	Position Title

Retirement Service Type:

☐	9 Month	☐	11 Month
☐	10 Month	☐	12 Month

Retirement Service Period:

Start Month	End Month

Is the member receiving a benefit from a federal retirement system based on the service shown above?
☐ Yes ☐ No

Is the member vested in a federal retirement system?
☐ Yes ☐ No

Section F. Employer or Federal Office contact, certify the information you have provided.

I certify that the information provided in Section E is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Employer Contact Signature _____ Date _____

Contact First Name	Contact Last Name	Unit Number

Employer / Agency	Contact Position Title	

Email Address	Phone	Fax

Member Last Name	SSN

Continue to the next page.

Section G. Employer or Federal Office contact, identify the employee's out-of-state or federal retirement system.

Employer, who administers the employee's retirement system?

☐ • **The United States Civil Service Commission** (applicable to federal schools, overseas dependent schools, or military dependent schools)
• **Bureau of Retirement, Insurance, and Occupational Health**
• **U.S. Civil Service Commission (**Washington, D.C. 20415)

☐ **The retirement system given below.**
- Employer, forward this form to the out-of-state retirement system named below.

Name of Non-North Carolina Retirement System	Mailing Address		
City	State	Zip Code	Phone

Section H. Retirement System, certify the employee's membership or withdrawal.

Review the information in Sections A, C, and E, and complete the remainder of the form.

Has the member withdrawn from this Retirement System?
☐ Yes ☐ No

If YES, what was the date of withdrawal?

Is the member receiving a benefit from your system based on the service shown in Section E?
☐ Yes ☐ No

Does our member have credit in your system for service creditable in another retirement system?
• If **YES**, please list the systems and years below.
☐ Yes ☐ No

From	To	System

Comments

Section I. Retirement System, certify the information you have provided.

I certify that the information provided in Section H is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Employer Contact Signature _____ Date _____

Contact First Name	Contact Last Name	Unit Number
Employer / Agency	Contact Position Title	
Email Address	Phone	Fax

Member Last Name	SSN

Submit the form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
nc.retirement@nctreasurer.gov • (919) 814-4590