North Carolina
Total Retirement Plans

Form **ER Sample**
Authorizing Your New Spouse as Beneficiary

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. Please do not staple pages. No erasures, strikeovers or whiteouts permitted in Sections B through F.

Section A. Please review your personal information.

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

Section B. Please review the information regarding your new spouse.

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

Section C. Please authorize your new spouse as survivorship beneficiary.

The Retirement System has received your request to redesignate your beneficiary. Since your original beneficiary was your deceased spouse, and you subsequently remarried, you are allowed to redesignate your new spouse as your new beneficiary.

According to our records, your date of remarriage to your new spouse was on	

Please review the following information about your new spouse **(*REQUIRED FIELD):**

First Name*	M.I.	Last Name*	SSN*	Date of Birth*
Mailing Address		City	State	Zip Code

Section D. Please review the change in your benefit amount before you sign this form.

Your current gross monthly retirement benefit is in the amount of *- This amount is based upon the provisions of the following option.*	
☐ Option 2	100% join and survivorship with one monthly survivorship beneficiary.
☐ Option 3	50% joint and survivorship with one monthly survivorship beneficiary.
Your new gross monthly benefit will be in the amount of *- This new amount will be effective the first day of the month you sign this form.*	
Your new surviving spouse's monthly benefit after your death will be	
The date at the box to the right reflects your deadline for returning this form *- You must return this form within 120 days of your remarriage, but if you are a member of the Legislative Retirement System, you must return this form within 90 days of your remarriage.*	

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Please continue to the next page.

Section E. Please authorize with your signature in front of a Notary.

In accordance with the provisions of state law that provide for the election of an optional payment plan allowance, I hereby designate, effective on the first day of the month in which this designation is made, my spouse, as indicated in Section C, to receive survivor benefits. The survivor benefits that will be payable to my spouse will be in the amount indicated in Section D and will be effective the first day of the month following my death.

I understand I cannot change my retirement option, nor can I change this beneficiary for the monthly survivorship benefit, except under the following conditions:

- **If the retirement allowance of the new amount has not been deposited into my bank account, either by me or automatically;**
- **If I have become divorced from my monthly survivorship beneficiary, who was my spouse at the time of this redesignation;**
- **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 the Retirement Systems Division will not accept this form with erasures, strikeovers or whiteouts, and that this election must be signed, notarized, and returned prior to the date given below. I certify by my signature that I have reviewed and completed pages 1 and 2 of this form.

Signature_____ Date_____

This form must be signed, notarized, and returned prior to	

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

State of_____ County of _____ My Commission Expires _____

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 _____

Signature of Notary _____

Section G. Please submit the completed form by mail.

You may mail the completed form to the address below. You must return this form within 120 days of remarriage if you are within any Retirement System in Section B except the Legislative Retirement System. Those in the Legislative Retirement System must return this form within 90 days of remarriage. If any erasures, strikeovers or whiteouts are in any signature lines, beneficiary designations, or notary sections, an entirely new form will be required. Please submit this form by the 10th of the month in which it is effective. In so doing, you avoid monthly deductions which may be necessary to rectify a retroactive benefit adjustment.

Member Last Name	SSN

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Thank you.

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