North Carolina Retirement Systems

Form 6E
Choosing Your Retirement Payment Option

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

Section A. Review your personal and retirement 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 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 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 Initial Retirement 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 4	Adjustment of retirement allowance and social security benefits with no monthly survivorship. (You must attach a statement from the Social Security Administration if you have not submitted one already. See Guide A.)
☐	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.)

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Continue to the next page.

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). 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). If you selected Maximum Allowance or Option 4, leave this section blank.

First Name*	M.I.	Last Name*	Spouse ☐ Yes ☐ No	Gender ☐ M ☐ F
Mailing Address			SSN*	
City	State	Zip Code	Phone	
Personal Email Address			Date of Birth*	

Section E. Authorize with your signature.

I revoke, as of the effective date of my retirement, any previous designation of beneficiary for any benefit or election of payment option except with respect to the death benefit, if applicable.

I certify that I wish to receive a monthly early/service retirement benefit from the Retirement System specified in Section A. I understand that in doing so, I forfeit all rights to any payments or benefits from the Disability Income Plan of North Carolina (DIPNC), if applicable. (See Guide D. Disability Income Plan of North Carolina (DIPNC) Waiver of Benefits.) 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 named my spouse as monthly survivorship beneficiary, but my spouse dies, and I remarry, I may elect to name my new spouse as monthly survivorship beneficiary. This designation must be made within 90 days of remarriage under the same option and properly filed with the Retirement System within 120 days of the remarriage.

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

- **If the first retirement payment has not been issued.**
- **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 certify by my signature that I have read the Guides A (payment options), B (survivorship beneficiary requirements), C (return-to-work laws), and D (Disability Income Plan of North Carolina (DIPNC) Waiver of Benefits) and have completed pages 1 and 2 of this form.

Signature _____ Date _____

Section F. Have this form notarized. Improperly notarized forms will not be accepted.

State of _____ County of _____

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 ____. My Commission Expires _____

Signature of Notary _____

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Section G. Submit the properly completed form by mail or email.

Mail the completed form to the address below. State law specifies that if a member fails to respond within 120 days after the Form 6E is mailed or 120 days after the retirement date, whichever is later, the application for retirement will be canceled. If any erasures, strikeovers, or white outs are in the payment option, beneficiary designation, signature line, or notary section (Sections C through G), 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

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Submit the completed form with supporting documentation by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
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North Carolina
Retirement Systems

Form 6E Guides
Choosing Your 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.

Option 4: Adjustment of Retirement Allowance and Social Security Benefits
You will receive a monthly retirement benefit that is larger than the Maximum Allowance until you are eligible for Social Security at age 62. Your Retirement System benefit will be reduced in the month following the month of initial entitlement for your Social Security age 62 benefit.

Your reduced retirement payments after age 62, plus your allowance from the Social Security Administration (SSA), should be approximately the same amount as the inflated payment you received from the Retirement System before age 62. You must be younger than 62 to qualify for this option. To choose this option, you must attach current documentation (less than 2 years old) from SSA that estimates the SSA benefits you should receive at age 62.

The actual amount of your retirement payments both before and after age 62 will be based on this estimate of benefits you provide to us from SSA before your retirement. Contact SSA for information on applying for benefits and the date that your first age 62 Social Security benefit will be paid to you.

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 6E, 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 provide a copy of 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 the Guaranteed Refund 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.

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

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

Guide C. Return-to-Work Laws.

After you have retired and are receiving monthly benefits, if you perform work in any capacity for an employer under the same Retirement System from which you retired, you will be subject to return-to-work laws.

These laws may require you to work under an earnings limitation or to reenroll as a contributing member of the Retirement System. You will be subject to these laws based on the nature of the particular work you perform for a covered employer, regardless of your job classification or your technical employment status (which may include being assigned to work for a covered employer by a private company such as a temporary agency). Following return-to-work laws will protect you from incurring financial penalties, and possible loss of retirement benefits and State Health Plan coverage (if applicable).

If you retire from the Consolidated Judicial Retirement System (CJRS) or the Legislative Retirement System (LRS), or if you receive disability benefits from any System, please review the return-to-work section on our website at myNCRetirement.gov. Return-to-work laws apply differently to members of TSERS, LGERS, CJRS, and LRS.

TSERS Return-to-Work Laws Summary
To avoid a financial penalty, TSERS members must be retired at least 6 months before returning to work for a TSERS employer in any capacity (except as a school board member, a member of a board of trustees of a community college or of any constituent institution of the University of North Carolina, or an unpaid bona fide volunteer).

If you violate this law, you can either be deemed to have retired the month after the month you performed services for the employer and repay all retirement benefits received until that date or make a lump sum payment to the Retirement System equal to three times the compensation earned during the 6-month period, whichever is less. If your retirement benefit is canceled, your State Health Plan coverage also must be canceled. After a 6-month break, you can return to work with a TSERS employer and continue to receive your TSERS monthly retirement benefit if:

1. you work in a position that does not require membership in TSERS (NOTE: If you are reemployed in a TSERS position which requires you to be a permanent employee who works at least 30 hours per week for 9 months per year, your retirement payment must be stopped and you will again become a contributing TSERS member), and
2. you do not exceed your earnings restrictions, which is the greater of:
   a. 50% of your compensation, excluding termination payments, reported to the Retirement System during the 12 months of service preceding the effective date of your retirement, or
   b. $43,300 (2026 amount).

These earnings restrictions apply for the 12 months immediately following retirement and for each calendar year following the year of retirement.

LGERS Return-to-Work Laws Summary
To avoid a financial penalty, LGERS members must not return to work for an LGERS employer during the month in which their retirement became effective.

If you violate this law, you can either be deemed to have retired the month after the month you performed services for the employer and repay all retirement benefits received until that date or make a lump sum payment to the Retirement System equal to three times the compensation earned during the month following the initial month of retirement, whichever is less. If you have employer-provided health coverage, ask your employer how the cancellation of your retirement benefit will affect the health coverage. After a one-month break, you can perform services for an LGERS employer and continue to receive your LGERS monthly retirement benefit if:

1. you work in a position that does not require membership in LGERS. (NOTE: if you are reemployed by an LGERS employer in a regular position that requires at least 1,000 hours of work in a calendar year, your retirement payment must be stopped and you will again become a contributing LGERS member), and
2. you do not exceed your earnings restrictions, which is the greater of:
   a. 50% of your compensation, excluding termination payments, reported to the Retirement System during the 12 months of service preceding the effective date of your retirement, or
   b. $43,300 (2026 amount).

These earnings restrictions apply for the 12 months immediately following retirement and for each calendar year following the year of retirement.

Additional Information Regarding Return-to-Work Laws
Return-to-work laws are much more extensive than presented above. For information on the return-to-work laws that pertain to each system, please visit our website at myNCRetirement.gov.

Guide D. Disability Income Plan Of North Carolina (DIPNC) waiver of benefits.

If you are opting to take an early/service retirement and may be eligible for or are currently receiving benefits from the Disability Income Plan of North Carolina (DIPNC), you are forfeiting all rights to any further payments or benefits you may have been eligible to receive under the provisions of the DIPNC.

However, if you wish to cancel your retirement application (Form 6), please revisit Section C to confirm your decision or notify our office in writing at the address listed below and contact your employer for the appropriate course of action regarding your ongoing or potential disability benefits.

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