North Carolina
Total Retirement Plans

Form **6SAB**
Choosing the Survivor's Alternate Benefit

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.

Section A. Tell us about yourself.

Our records show that you are a beneficiary of:

Member's Full Name	Member ID	Member SSN

Your personal information:

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

Section B. Please review the Retirement System and estimates that apply.

If more than one, you must fill out a separate form for each retirement system account.

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

Section C. Please authorize the Survivor's Alternate Benefit with your signature.

I hereby certify that I have been presented with a choice between the Survivor's Alternate Benefit (or Surviving Spouse Benefit in the Consolidated Judicial Retirement System), which is a monthly benefit, and a Return of Contributions, which is a one-time lump sum payment.

I understand that if the member had any overpayment amount due, my benefit will be reduced by the overpayment amount before any remaining balance (if any) is paid to me. I hereby certify that I choose to receive the **Survivor's Alternate Benefit** (or Surviving Spouse Benefit in the Consolidated Judicial Retirement System), which is a monthly benefit. I understand that the Survivor's Alternate Benefit is a monthly lifetime benefit and that all payments will cease at my death. If I have chosen the Surviving Spouse Benefit which only applies to a deceased Consolidated Judicial Retirement System member's spouse, I understand that all payments will cease if I remarry or at my death, whichever occurs first. Further, I recognize that this choice is irrevocable once my request is received and processed.

Signature _____ Date _____

Section D. Please 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 _____

Section E. Complete and submit additional forms relevant to your choice.

Form 170S: Authorizing Direct Deposit

Form 290S: Choosing Income Tax Withholding Preferences

Please mail all forms to the address below or fax them to (919) 855-5800. Thank you.

SAMPLE ONLY
NOT FOR SUBMISSION