

ROWAN COUNTY HUMAN RESOURCES
EMPLOYEE DEMOGRAPHIC CHANGE FORM

CHANGE OF BENEFICIARY

*Some forms may be double-sided – please make sure you complete all required sections of the forms.
Please complete all forms using black ink, and do not mark through or use white-out on any of the forms.
Please note that 3 of the forms must be notarized (additional instructions for this process are included.*

DATE: ____/____/____

SOCIAL SECURITY # _____ - _____ - _____

EMPLOYEE NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: (_____) _____ - _____

MARITAL STATUS: _____ SINGLE _____ MARRIED
(check one)
 _____ DIVORCED _____ LEGALLY SEPARATED
 _____ WIDOWED

*Do you also need to update your emergency contact information?
If so, please request a form from the Human Resources office.*

REMEMBER to complete and sign all necessary forms and return to Human Resources Office

HR Use Only: Please indicate changes made/notification sent to the following:

Retirement System
 401k

Life Insurance

To Be Completed By Human Resources

Group Number 754264	Division	Billing Category	Date of Employment
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To Be Completed By Applicant Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.* Name Change
 Add or Delete Dependent Date of add/delete _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>			Phone Number	
Employer Name Rowan County Government			Job Title/Occupation	
Hours Worked Per Week	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

Coverage Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.

Life Insurance

- Basic Life with AD&D (Employer Paid)
- Additional Life requested amount \$ _____

Dependents Life Insurance

- Spouse Life requested amount \$ _____
 Spouse Name _____ Date of Birth _____
- Child(ren) Life requested amount \$ _____

Beneficiary *This designation applies to Life/Life with AD&D Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____"
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

The next 2 forms (NC401k Beneficiary Designation Form – Form 367, The NC Total Retirement Plans Form 2C Designating Beneficiary(ies) all require your signature to be notarized. If you do not have someone that can do that for you free of charge, we can provide that service for you in the Human Resources office.

Keep in mind that if you do wish for Human Resources staff to notarize your forms, you must personally bring the forms in to our office and have proper ID and sign them in the presence of one of our notaries.

For questions, or to make sure that a notary is available to assist you with this process, please contact Debbie Holshouser at (704) 216-8103 or Michelle Stewart at (704) 216-8101.



NC Plans Processing Center

PO Box 5340
Scranton, PA 18505
Fax Number: 1-866-439-8602

Instructions For Choosing Your Beneficiary

Please note your beneficiary designation form will need to be notarized, though notarization is not required if this is done online. If this form is not notarized, it will not be processed by Prudential until notarization is provided.

Follow these steps if entering online:

- 1) Visit www.NCplans.prudential.com.
- 2) Click "Log In" on the top right corner. Log into your account with your User Id and Password.
- 3) If you only have one plan account, it will take you directly to the next step. If you have either the 401(k), 457 and 403(b) or are eligible for multiple plans, select the plan you would like to update.
- 4) Select "Personal Information" on the left hand side of the screen.
- 5) Select "Add" or "Change" next to "Beneficiary Information".
- 6) Use the drop down to select the number of beneficiaries you would like to add, then select the "Add Beneficiary" button.
- 7) Enter information for each beneficiary and select "Apply Changes".
- 8) You will see your changes as pending and if you are done, please log off.

Instead of making the change online, if you still wish to complete this election form, keep a copy for your records and send the original notarized form to the address above or fax it to 1-866-439-8602.

General Provisions

- The terms of your plan govern any payment.
- Please make sure all your percentages add up to 100% under the primary and 100% under the secondary beneficiary areas.
- If there are no living primary beneficiaries at the time of your death the dollars will then be allocated to the secondary beneficiary(ies) if listed.
- If a percentage is indicated and a primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving primary beneficiary(ies).
- If a Trust is named as beneficiary any payments to the trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received. By electing a trust, a Trust Certification form will be needed.
- If you have a minor beneficiary elected at the time of your death Prudential will require documentation to substantiate guardianship of the minor even if there is a natural guardian.
- The use of My Living Children or Per Stirpes as types of beneficiary designations are not permissible. **Please provide the specific names and information on the form for the individuals you want to designate.**

Frequently Asked Questions

- What elections can I make on the form? Prudential will allow you to select from individuals, your estate, my living trust and my testamentary trust. You may also elect a charitable organization as beneficiary. When electing anything other than an individual please write estate, my living trust or my testamentary trust in the full legal name field.
- What documentation will Prudential need for trust elections made on beneficiary forms? A Trust form, which can be provided by calling **1-866-NCPLANS (1-866-627-5267)**, will walk you through the necessary information needed when electing a trust.
- May I name a minor child as a beneficiary? You may name a minor in either your primary or secondary beneficiary sections, however, in order for the minor to be able to retrieve any of the dollars from the account the guardian will need to send proof of guardianship for the child or children.
- What if the form doesn't have enough space for all my beneficiaries? Please feel free to add your additional information on a blank sheet of paper, notarize, and send it in with your paperwork.
- If I elect my estate what would need to be provided upon my death? Your executor or personal administrator will need the employer identification number (EIN) and court documentation to certify the appointment of the executor or personal administrator.



Beneficiary Designation Form

About You
(Please print using blue or black ink.)

Plan number Sub plan number
0 0 2 0 0 3 _____

Social Security number Daytime telephone number
_____-_____-_____- _____-_____-_____-
area code

First name MI Last name
_____-_____-_____- _____

Address
_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

City State ZIP code
_____-_____-_____- _____

Email address
_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

Date of birth
_____-_____-_____-
month day year

Your Beneficiary Designation

I designate the following as beneficiary(ies) of my account with regard to the percentage(s) I have indicated below. **Note: Please use whole numbers. Decimals and fractions are not permitted.** Also note, if one of your primary beneficiaries pre-deceases you, then 100% is divided among remaining primary beneficiaries.

Primary Beneficiaries – please make sure all your percentages in the primary section total 100%

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Secondary Beneficiaries – please make sure all your percentages in the secondary section total 100%

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Your Authorization

I designate the beneficiary(ies) specified above to receive benefits under the plan upon my death.

- Please make sure all your percentages add up to 100% under the primary and 100% under the secondary beneficiary.
- If Prudential does not have a beneficiary form on file at the time of death your account will go to your plan's default election.

Member Signature: X _____ Date: ___/___/___

Notarization:

I _____, a notary public, do hereby certify that _____ did personally appear before me and elected the above beneficiaries. This has been subscribed and sworn before me on the _____ day of _____, the year _____

State of _____ County Of _____

My Commission expires on _____

Notary Seal

Notary Public Signature: X _____ Date: ___/___/___

Please make sure you have accurately completed this form. Missing data will require us to contact you first to obtain that information and will prevent us from processing this beneficiary election. In the event of your death, we will pay your account to the prior beneficiary election on file, and if there is none, to your plan's default beneficiary election.



Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Guide A. What is the Death Benefit?

This benefit is available to employees if their employer participated in the Death Benefit, check with your employer for eligibility. With this benefit, if you die while you are contributing to the Retirement System, a one-time payment based on your salary may be paid to your beneficiary (ies).

Teachers' and State Employees' Retirement System. Most members of this system are eligible. For your beneficiary(ies) to receive this benefit, you must have at least one year of contributing service at your death, and you must be either actively working or within 180 days of your effective termination date. The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding your death. The minimum benefit is \$25,000, and the maximum is \$50,000 (G.S. 135-5).

Local Governmental Employees' Retirement System. Not all members of this system are eligible, unless you are a law enforcement officer. For your beneficiary(ies) to receive this benefit, you must have had at least one year of contributing service and be actively working or within 180 days of your effective termination date. The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding death. The minimum

benefit is \$25,000, and the maximum is \$50,000 (G.S. 128-27).

Consolidated Judicial Retirement System. If you are actively serving at your death, an amount equal to your final annual compensation will be paid to your beneficiary(ies), plus a one-time return of your unused contributions. However, if you are 50 or older, with five years of service, and if your surviving spouse is designated as your only beneficiary, instead of a return of your unused contributions, your spouse may choose to receive a monthly benefit for life or until remarriage (G.S. 135-63).

Legislative Retirement System. For your beneficiary(ies) to receive this benefit, you must have at least one year of contributing service at your death and you must be actively serving in the General Assembly. The amount of this benefit is equal to your highest annual salary, with a maximum of \$15,000 (G.S. 120-4.27).

All Systems. Beneficiaries must meet the requirements in Guide C. You may change your beneficiary(ies) for this benefit at any time.

Guide B. What is the Return of Contributions Benefit?

As part of your employment, you regularly contribute six percent of your salary to your retirement system (Legislative Retirement System members contribute seven percent). When you have contributed for five years and received the proper credit, you are "vested" in the retirement system, which means you will be eligible for a monthly benefit when your age and service record qualifies you for retirement.

If you die before you retire, the contributions you have made, plus any amount you paid to purchase retirement credit, will be paid to the beneficiary(ies) you select. Your beneficiaries are entitled to these contributions even if you aren't vested or in active service.

Any beneficiary must meet the requirements in Guide C. You may change your beneficiary(ies)

at any time before retirement. You may list one or multiple principal beneficiaries, but be aware that your choice may affect how benefits are paid when you die.

- A single beneficiary may have the choice to receive a monthly benefit (known as the Survivor's Alternate Benefit) instead of a one-time payment (known as Return of Contributions) if you qualify. A principal beneficiary will not have this choice if more than one principal is living at the time of death and contingent beneficiaries will not have this choice.
- Although there is no limit to the number of principal and contingent beneficiaries you may choose, you must choose at least one principal beneficiary.

Guide C. What are the different types of beneficiary(ies) I can select?

A **principal beneficiary** will be the first person or people that you select to receive a benefit payment after your death. You may choose one or multiple principal beneficiaries. A **contingent beneficiary** will be the person or people who will be paid only if all of the principal beneficiaries are deceased at the time of your death. You do not have to select any contingent beneficiaries, but if you do, you must select a principal beneficiary.

You have the option to designate as a beneficiary:

- **A living person.**
- **More than one living person to share the benefit equally.**
- **Your estate.** Write ESTATE in the box asking for a beneficiary's LAST name.
- **A trustee for a living person.** Write TRUST in the box asking for a beneficiary's LAST name, and submit a copy of the trust agreement with this form.

Here are some guidelines you should follow when selecting beneficiaries:

- Although there is no limit to the number of principal and contingent beneficiaries you may choose, you must choose at least one principal beneficiary before a contingent can be chosen.
- If you list multiple beneficiaries, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among the beneficiaries.
- Your beneficiary(ies) cannot be an unborn child, a pet, a church, or institution.
- You don't need permission from the beneficiary(ies) to make or change the designation; however, if a court order directs you to designate someone as a beneficiary, you must comply with the order.
- You don't have to make your beneficiary(ies) aware of this designation.
- You don't have to name relatives as beneficiary(ies).

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

After your death is reported and a certified copy of the death certificate is received, the Retirement Systems Division will determine what benefits are payable. Any benefit will be paid to your principal beneficiary(ies), but if your principal beneficiaries are deceased at the time of your death, the benefit will be paid to any contingent beneficiary(ies). If you chose 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 the qualified guardian of the minor, the Clerk of Courts in the county where the minor lives, or the minor after he/she reaches 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 principal or contingent beneficiary is alive at your death:

- Payment will be made to your legal representative (usually your estate).
- If that isn't possible, payment may be paid to the Clerk of Court to handle according to the laws of the state.



Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Complete all sections of this form and read the attached Guides. After completing and signing this form before a notary public, send it to the address above. This form is not valid until it has been properly completed, notarized, and received by our office prior to your death. Forms submitted with erasures, strike overs, or white-outs in Sections C through F will not be accepted.

Section A. Tell us about yourself.					<input type="checkbox"/> Check if there are any changes to your contact information.	
First Name	M.I.	Last Name	Suffix	SSN (Last 4 digits)		
Mailing Address				Member ID		
City	State	Zip Code	Telephone	Date of Birth		

Section B. Please tell us your retirement system and employer.	
<input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS)	<input type="checkbox"/> Consolidated Judicial Retirement System (CJRS)
<input type="checkbox"/> Local Governmental Employees' Retirement System (LGEERS)	<input type="checkbox"/> Legislative Retirement System (LRS)
Current Employer	

Section C. Select your beneficiary(ies). See Guides for assistance.						
1	First Name	M.I.	Last Name	Date of Birth		
	Address		City	State	Zip	
	Relationship		Social Security Number			
Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent						
2	First Name	M.I.	Last Name	Date of Birth		
	Address		City	State	Zip	
	Relationship		Social Security Number			
Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent						
3	First Name	M.I.	Last Name	Date of Birth		
	Address		City	State	Zip	
	Relationship		Social Security Number			
Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent						

If you are designating more beneficiaries, check the box at left and complete Page 2.

Section D. Certify your selections.

I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on this form. 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 my account. I understand that by completing and signing this form I acknowledge having read the attached Guides. I reserve the right to change the beneficiary(ies) designated on this form in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strike overs, or white-outs in Sections C through F. I certify by my signature that I have completed this form in its entirety.

Signature _____ Date _____

Section E. 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 _____



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This page is intended as a supplement to Page 1, and is optional. If you have more beneficiaries to designate, complete this page and submit with Page 1. Please note that forms submitted with erasures, strike overs, or white-outs in Sections C through F will not be accepted.

Section F. Select your additional beneficiary(ies). (Optional) See Guides for assistance.

Please select additional beneficiaries. You do not need to repeat any beneficiaries listed on Page 1.

4	First Name	M.I.	Last Name	Date of Birth		Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent
	Address		City	State	Zip	
	Relationship		Social Security Number			
5	First Name	M.I.	Last Name	Date of Birth		Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent
	Address		City	State	Zip	
	Relationship		Social Security Number			
6	First Name	M.I.	Last Name	Date of Birth		Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent
	Address		City	State	Zip	
	Relationship		Social Security Number			
7	First Name	M.I.	Last Name	Date of Birth		Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent
	Address		City	State	Zip	
	Relationship		Social Security Number			
8	First Name	M.I.	Last Name	Date of Birth		Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent
	Address		City	State	Zip	
	Relationship		Social Security Number			
9	First Name	M.I.	Last Name	Date of Birth		Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent
	Address		City	State	Zip	
	Relationship		Social Security Number			
10	First Name	M.I.	Last Name	Date of Birth		Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent
	Address		City	State	Zip	
	Relationship		Social Security Number			