



Instructions for Service Credit Purchase NC 401(k) PLAN

You should use this form if you wish to transfer an eligible Pre-tax amount from your NC 401(k) Plan to purchase prior or additional service credits under the applicable Retirement System of the State of North Carolina.

Note: If you are transferring funds to the **Charlotte Firefighters' Retirement System**, please follow instructions in paragraph **B** only, otherwise please follow instructions **A & C** below:

- A. Prior to filing this form, you should have already applied to the Retirement Systems Division (RSD) at the Department of State Treasurer (North Carolina) to purchase your creditable service and received a Statement of Cost from RSD indicating the type, amount, and cost of service credit available for purchase and the date payment is due. **You must submit a copy of the Statement of Cost with this form. Please note: This form, along with appropriate documentation, must be submitted to Empower at least ten calendar days prior to the deadline listed on your Statement of Cost.**
- B. **If you are transferring funds from your 401(k) account to the Charlotte Firefighters' Retirement System for the purchase of service credits based upon prior government service, CFD withdrawn service, or prior military service, please follow the following instructions.** You should have already received a letter from the administrator of the Charlotte Firefighters' Retirement System indicating the amount to be transferred. This form along with the letter from the administrator of the Charlotte Firefighters' Retirement System should be submitted to Empower at least 10 calendar days prior to the date on your letter. Empower will process your request and your check will be mailed to: **Charlotte Firefighters' Retirement System, 428 E. 4th Street, Suite 205, Charlotte, NC 28202.**
- C. Attention NC Firefighters' and Rescue Squad Workers' Pension Fund members. Service Credit Purchase credits cannot be purchased with funds from the NC 401(k) or NC 457 Supplemental Retirement Plans. Service Credit Purchases for this Pension system can only be funded with after tax funds. Please do not use this form to purchase service credits for the NC Firefighters' and Rescue Squad Workers' Pension Fund.

Questions?

Call 1-866-627-5267
for assistance.

Please print using blue or black ink. Keep a copy of this form for your records. Please fax your completed request along with a copy of the document verifying the eligible creditable service cost amount to 1-866-439-8602 or mail to:

NC Plans Processing Center
PO Box 5340
Scranton, PA 18505



Service Credit Purchase

NC 401(k) PLAN

Please refer to Instructions page before completing this form.

About You

Empower Plan number

0 0 2 0 0 3

Sub plan number

Social Security number

_____-_____-_____

First name

MI

Last name

Address

City

State

ZIP code

Daytime telephone number

_____-_____-_____

area code

Are you still employed by the employer sponsoring the Plan? ☐ Yes ☐ No

If no, this request *must* be authorized by your employer unless termination information has already been provided.

Payee Information

Name of Retirement System: (Choose one:)

☐ Teachers' and State Employees' Retirement System of North Carolina

☐ Consolidated Judicial Retirement System of North Carolina

☐ Local Governmental Employees' Retirement System of North Carolina

☐ North Carolina Legislative Retirement System

☐ Charlotte Firefighters Retirement System

Please Note: Checks will be made payable to the Retirement System indicated above, and mailed to:

Department of State Treasurer

Retirement Systems Division

3200 Atlantic Ave

Raleigh NC 27604

☐ TOTAL PRE-TAX ACCOUNT VALUE **OR**

☐ PARTIAL PRE-TAX AMOUNT \$ _____,_____.____

For partial Pre-tax amounts, the funds will be prorated across all available contribution types and investments.

**Your
Authorization**

I certify that all information on this form is accurate. I also certify that the transfer Pre-tax amount is no greater than my eligible creditable service cost amount as disclosed to me. I have attached a copy of the document verifying the eligible creditable service cost amount. I understand that once I receive this check, it cannot be returned.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at www.prudential.com/online/retirement.

 X _____ Date | |
Participant's signature

**Your
Plan
Authorization**

This section must be completed and signed by your employer if you are no longer employed by the employer sponsoring the plan.

If termination information has previously been submitted to Empower, this section does not need to be completed.

**Not required if
you are still
employed by
the employer
sponsoring
the plan.**

Date of Termination: | | | |
month day year

 X _____ Date | |
Authorized employer's signature

Print name and title
