



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 Empower until notarization is provided.

Follow these steps if entering online:

- 1) Visit myNCPlans.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 your percentages do not add up to 100% the beneficiary form cannot be processed and will be returned to you for correction.
- 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/secondary 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/secondary 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 Empower 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? Empower 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 Empower 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

NC 457 Plan

About

You

(Please print
using blue or
black ink.)

Plan number

0 1 2 0 0 3

Sub plan number

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/secondary beneficiaries pre-deceases you, then 100% is divided among remaining primary/secondary 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 Empower 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.