North Carolina Total Retirement Plans 401k 457|403b | Dale R. Folwell, CPA

One Time Contribution Form

NORTH CAROLINA SUPPLEMENTAL RETIREMENT PLANS

Instructions

This form may be used to defer additional compensation or other amounts paid out on a one-time basis, such as longevity payment or final payments for vacation and/or bonus leave upon separating from service. The deduction will occur only once and then it will revert back to the previous amount being deducted (if any). Please print in black ink and keep a copy for your records. **Send the completed form to your payroll office** in sufficient time for them to enter the change for the appropriate pay period. **State employees on the BEACON payroll system should follow the special instructions at the bottom of this form.** If you have not already completed an enrollment form to establish this account, please contact your local Retirement Education Manager or your Human Resources department to enroll prior to submitting this form. Enrollment forms are also available online at www.ncplans.prudential.com.

About You

Questions? Call 1-866-627-5267 for assistance.

Employer name: _____

Social Security number ___-__-____ Daytime telephone number ___-___-____
area code

First name _____ MI ___ Last name _____

One Time Contribution

I wish to contribute the following from my salary for **payroll date** _____

If this is related to a *retirement/separation of service* payout, please provide the effective date of *retirement/separation* _____

NC 401(k) Plan (002003) - please provide whole dollar or percentage amounts

☐ Contribute on a **Before-Tax** basis $___,___.00 or ___% to NC 401(k) Plan.

☐ Contribute on a **Roth** basis $___,___.00 or ___% to NC 401(k) Plan.

NC 457 Deferred Compensation Plan (012003) - please provide whole dollar or percentage amounts

☐ Contribute on a **Before-Tax** basis $___,___.00 or ___% to NC 457 Deferred Compensation Plan.

☐ Contribute on a **Roth** basis $___,___.00 or ___% to NC 457 Deferred Compensation Plan.

NC 403(b) Plan (022003) - please provide whole dollar or percentage amounts

☐ Contribute on a **Before-Tax** basis $___,___.00 or ___% to NC 403(b) Plan.

☐ Contribute on a **Roth** basis $___,___.00 or ___% to NC 403(b) Plan.

If you are not certain of your method ($ or %) of your employee deferrals, please verify with your Payroll Office.

Please note: This contribution change will be effective for the payroll date specified above ONLY. Your current rate, if any, will resume with your next payroll cycle.

The amounts contributed through this form are subject to the annual IRS 402g limits.

Your Authorization

I understand the timing of this one time contribution needs to be coordinated through my payroll office in order to have the amount above deducted from the proper paycheck.

X _____ *Date* ____|____|____

Participant's signature

Employees on BEACON PAYROLL: Please return completed form to BEST Shared Service 1425 Mail Service Center, Raleigh, NC 27699-1425 or fax it directly to 919.855.6861.
Please be sure that deferrals are in WHOLE DOLLARS ONLY
(If you are not certain your payroll is through BEACON, please contact your Payroll Office.)