



## Instructions for Service Credit Purchase

### NC DEFERRED COMPENSATION PLAN

You should use this form if you wish to transfer an eligible amount from your NC 457 Plan to purchase prior or additional service credits under the applicable Retirement System of the State of North Carolina.

- 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 Prudential at least ten calendar days prior to the deadline listed on your Statement of Cost.**
- B. **Once your request is processed, you must then submit your Prudential transfer check, the check stub, a copy of your Statement of Cost, and either the NC form Ret-398A (for rollovers) or Ret-398B (for in-service transfers) to the RSD.**

**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:

**NCPlans Processing Center**  
PO Box 5340  
Scranton, PA 18505

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



# Service Credit Purchase

## NC DEFERRED COMPENSATION PLAN

Please refer to Instructions page before completing this form.

### About You

Prudential Plan number      Sub plan number      Social Security number

0 1 2 0 0 3      \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**Please Note:** Checks will be made payable to the Retirement System indicated above, but mailed directly to you.

- TOTAL ACCOUNT VALUE      **OR**
- PARTIAL AMOUNT \$ \_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_

For partial 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 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 your plan offers investment options 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 investment fund options. You may wish to review the fund prospectus 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](http://www.prudential.com/online/retirement).

\_\_\_\_\_ 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 Prudential, 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*

\_\_\_\_\_ Date      |      |       
*Authorized employer's signature*

\_\_\_\_\_  
*Print name and title*