



# North Carolina

## Air / National Guard

### State Pension

North Carolina provides a state pension for those in the NCNG who meet the eligibility requirements and are 60 years of age.

In order to qualify for the NCNG pension benefit, you must meet all of the following requirements:

- You are 60 years old.
- You have served and qualified for at least 20 years' creditable military service, including Air / National Guard, reserve and active duty, under the same requirement specified for entitlement to retired pay for nonregular service under Chapter 67, Title 10, United States Code.
- Have at least 15 years of the aforementioned service as a member of the North Carolina Air / National Guard
- Have received an honorable discharge from the North Carolina Air / National Guard.

**If you qualify please send the following documents to Retirement Services Office at JFHQ**

- JFHQ-NC Form 127-1 (complete just the top part)
- NC Form 170 Direct Deposit Form (you can fill out bank information or attach a VOID check). This form needs to be **notarized**
- NC Form 290 Tax Withholding
- NGB Form 22 (all copies)
- Copy of SSN Card

Please mail or email all of the required documents to the following:

Attention: Mr. Joshua Hinson  
Retirement Services Office  
1636 Gold Star Drive  
Raleigh, NC 27607-6431

or

[joshua.e.hinson.nfg@army.mil](mailto:joshua.e.hinson.nfg@army.mil)  
or  
[ng.nc.ncarng.mbx.g1-retirement@army.mil](mailto:ng.nc.ncarng.mbx.g1-retirement@army.mil)

**Questions regarding eligibility and initiating your benefit?**

Contact the North Carolina National Guard Retirement Services Office at 984-664-7892 or  
[joshua.e.hinson.nfg@army.mil](mailto:joshua.e.hinson.nfg@army.mil)

**Questions regarding your existing requirement benefit?**

Send an email to [specialty.plans@nctreasurer.com](mailto:specialty.plans@nctreasurer.com) or call 1-877-627-3287 (Option 5).

**APPLICATION FOR NORTH CAROLINA NATIONAL GUARD STATE PENSION, N.C.G.S. 127A-40**  
**SEE REVERSE FOR INSTRUCTIONS**

TO: Joint Force Headquarters, North Carolina, and ATTN: G1-SSS Retirement Counselor, 1636 Gold Star Drive, Raleigh, NC 27607-6410

I hereby apply for the North Carolina National Guard State Pension. I have read the eligibility criteria for the pension as listed on the reverse of this form and certify that I meet the requirements. Service creditable for retirement is evidenced by attaching my NGB 22.

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Last Name	First Name	Middle	Social Security Number
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Home Address	City	State	Zip Code
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**NOTE: *Submission of the attached State Retirement Form 170 is mandatory to permit direct deposit of retirement check to a personal bank account.***

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Date of Birth: _____	Date separated from the NCNG: _____
Month    Day    Year	Month    Day    Year

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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(For Adjutant General's Office use only below line)      Date: \_\_\_\_\_

TO: North Carolina Department of State Treasurer, 325 N. Salisbury St., Raleigh, NC 27611

1. Applicant is considered eligible for the NCNG State Pension by virtue of:

a. Total years service creditable for retired pay: \_\_\_\_\_.

b. Total years NCNG service creditable for retired pay: Over 15 years (mandatory)

c. Eligibility for retired pay under Chapter 67, Title 10 US Code, is verified by documents maintained at this office.

2. Applicant's effective date of retirement is \_\_\_\_\_

Month                      Day                      Year

3. He/She is entitled to a monthly benefit of \_\_\_\_\_. Retroactive pay due amounts to:

Partial month: \_\_\_\_\_ Number of days: \_\_\_\_\_ Amount due: \_\_\_\_\_

Whole month: \_\_\_\_\_ Number of months: \_\_\_\_\_ Amount due: \_\_\_\_\_

Total amount due: \_\_\_\_\_

FOR THE ADJUTANT GENERAL:



Encl  
Ret-170 Form

Joshua E. Hinson  
State Retirement Service Officer  
JFHQ NCNG Retirement Services

## **INSTRUCTIONS FOR FILING FOR NCNG STATE PENSION**

1. To be eligible for receipt of the NCNG State Pension in accordance with N.C.G.S. 127A-40, **each member shall (a) Have served and qualified for at least 20 years creditable military service for retirement**, including National Guard, Reserve and active duty, under the same requirement specified for entitlement to retired pay for nonregular service under Chapter 67, Title 10 United States Code; and

**(b) Have at least 15 years of the aforementioned service as a member of the North Carolina National Guard;**  
and

**(c) Have received an honorable discharge from the North Carolina National Guard.**

2. A North Carolina National Guard Pension **will not be paid** to any individual receiving retired pay as a result of length of service, age, or physical disability retirement from any of the regular components of the Armed Forces of the United States.

3. NCARNG personnel separated **prior** to 1 January 1989 should request a Chronological Record of Military Service Creditable for Retired Pay (DARP Form 249-2-E) by writing to U.S. Army Human Resources Command at the time application for Federal retired pay is made. This form verifies total years of service creditable for retired pay.

4. NCARNG personnel separated **after** 1 January 1989 should forward either a copy of DARP Form 249-2-E (see above), NGB Form 23C or NGB Form 23 as evidence of total service creditable for retired pay. A letter may be forwarded with application requesting this office obtain NGB Form 23C from retired data base if not available in personal records.

5. NCANG personnel are requested to submit a copy of Reserve Retired Pay Order and evidence of service in the NC Air National Guard creditable for retired pay and evidence of total years of service in the NC Air National Guard creditable for retired pay.

6. Instructions for completing JFHQ-NC Form 127-1-R:

(a) Complete the top portion of the form only.

(b) Enter complete mailing address to include Zip Code.

(c) If exact date of separation from the NCNG is not known, give an approximate date and indicate that it is approximate.

(d) Mail JFHQ-NC Form 127-1-R and evidence of total years of service creditable for retired pay to the address given at the top of this application (front page).

## **SPECIAL INFORMATION**

1. At the time your application is processed for submission to the State Treasurer (month of your 60<sup>th</sup> birthday), acknowledgement of receipt of your application will be made to include amount of monthly retired pay and approximate date retired pay begins.

2. To insure uninterrupted receipt of monthly payments, all changes in mailing address must be immediately reported to: Department of State Treasurer, State Retirement Systems, 325 North Salisbury Street, Raleigh, NC 27611.

3. The NCNG Pension benefit has no provision under state law to carry over to a beneficiary at the time of death. Ensure your next of kin know to report the death immediately to the State Office listed in paragraph 2 above. Special Instructions: If unreported, the State Treasury Department will recoup all unauthorized monies upon gaining knowledge of death.

Department of State Treasurer, Retirement Systems Division  
3200 Atlantic Avenue • Raleigh, NC 27604 • web: [www.myncretirement.com](http://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 by mail or fax. Forms submitted with erasures, strike overs, or white-outs in Sections C through E will not be accepted.

### Section A. Tell us about yourself.

First Name	M.I.	Last Name	Suffix	SSN (Last 4 digits)
Mailing Address			Member ID	
City	State	Zip	Telephone	Date of Birth

☐ Check if there are any changes to your contact information.

### Section B. Select your retirement system.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) | <input type="checkbox"/> Legislative Retirement System (LRS)              | <input type="checkbox"/> Firefighters' Pension Fund                    |
| <input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS)  | <input type="checkbox"/> National Guard Pension Fund                      | <input type="checkbox"/> Rescue Squad Workers' Pension Fund            |
| <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS)           | <input type="checkbox"/> Disability Income Plan of North Carolina (DIPNC) | <input type="checkbox"/> Registers of Deeds' Supplemental Pension Fund |

### Section C. Attach a voided check or provide your bank account information below.

What type of account is this?

- ☐ Checking
- ☐ Savings

\*NOTE: If your account type is Money Market, please select either checking or savings, depending on which type of Money Market account you have.

Name of Bank		
Bank Address Line 1		
Bank Address Line 2		
City	State	Zip
Bank Routing #	Bank Account #	

### Section D. Certify your selections.

I hereby authorize the Retirement Systems Division of the North Carolina Department of State Treasurer to make deposits to my account as indicated. I also authorize any necessary debit entries or adjustments for entries made in error to my account. I acknowledge that electronic payments to the designated account must comply with the provisions of United States law, as well as the requirements of the Office of Foreign Assets Controls. Accordingly, I acknowledge that the entire payment, as received, is not subject to being transferred to a foreign bank account. I certify that the account listed above is under my control. I also 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 \_\_\_\_\_

**Thank you.**

# Form 170 Guides for Authorizing Direct Deposit

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

## Guide A. Direct deposit provides you with these valuable benefits.

**Security.** With direct deposit, your chances of becoming a victim of identity theft are reduced, since your Social Security and member identification numbers on your bank statement will not be mailed.

**Convenience.** With direct deposit you do not have to go to your bank or other financial institutions to deposit your check. On "payday" your money has already been deposited automatically.

**Peace of Mind.** With direct deposit you do not have to worry about receiving your retirement payment on time because of mail delays or having your check lost or stolen.

**Freedom.** With direct deposit you know your payment will be automatically deposited to your account, whether you are on vacation, traveling, or ill.

**Money Making.** With direct deposit your money gets in your account from one to ten days before a paycheck, so it goes to work for you that much earlier.

**Time Savings.** With direct deposit you will have even more time to do the things you enjoy, since you do not have to make a special trip to deposit your check.

## Guide B. Important facts about your direct deposit.

If you are a new retiree, your first retirement payment will be printed and mailed to you on the 25th of the month. After that, your retirement payment will be in your account when your financial institution opens for business on the 25th day of each month, except in December, when it will be deposited on the 20th. If the day the Retirement System is to make your deposit is Saturday, Sunday, or a holiday, then your deposit will be made on the work day before the 25th.

The Retirement Systems will make every effort to process this form in a timely manner. However, in an effort to prevent fraud and protect our members, forms received on or after the first day of the month will be effective for the next month's benefit payment. For example, if you mail in this form and it is received this month (regardless of the day), you will see your retirement benefit in the account you designated in Section C starting with next month's payment. This increased processing time will allow members to identify fraudulent activity and take action to secure their retirement benefits. We appreciate your understanding and cooperation as we continue to monitor and respond to industry trends and security concerns.

**If you are changing your banking information, it is best to keep your old account open until you are sure that your payments are properly depositing into your new account.**

Direct deposit is automatic. If you have any questions about direct deposit, contact your financial institution.



The direct deposit account that you select must be under your control. Joint accounts are allowed as long as you have continuous access to the account. You cannot send your retirement benefits to another person's or business entity's account.

You may view or print your deposit notification statement and your payment history from your personal ORBIT account. Visit [orbit.myncretirement.com](http://orbit.myncretirement.com) to log in. This secure, web-based system provides you with full access to your personal retirement account. Through ORBIT, you may also view tax withholdings, earnable allowance information, and more. You can also conduct secure online transactions like changing your address or ordering a new 1099R.

If accessing your deposit notification through ORBIT presents a hardship for you because you do not have access to a computer or the Internet, you should contact member services at the number above to opt-out of electronic statements.



Please print or type in black ink.

## Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (XXX-XX-1234)
MAILING ADDRESS				MEMBER ID
CITY	STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH
E-MAIL ADDRESS				

## Section B. Please check the retirement system that applies to these withholding preferences.

If more than one, you must fill out a separate form for each retirement system account.

- |   |   |
|---|---|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System | <input type="checkbox"/> Legislative Retirement System            |
| <input type="checkbox"/> National Guard Pension Fund                      | <input type="checkbox"/> Disability Income Plan of North Carolina |
| <input type="checkbox"/> Local Governmental Employees' Retirement System  | <input type="checkbox"/> Legislative Retirement Fund              |
| <input type="checkbox"/> Registers of Deeds' Supplemental Pension Fund    | <input type="checkbox"/> Firemen's Pension Fund                   |
| <input type="checkbox"/> Consolidated Judicial Retirement System          | <input type="checkbox"/> Rescue Squad Workers' Pension Fund       |

## Section C. Federal Income Tax Withholding Preference Certificate (W-4P)

You may elect not to have Federal income tax withheld from your retirement benefit payment; however, if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your benefit. You also may be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate. See Guide A for instructions.

Make your election as to Federal income tax withholding by checking the appropriate box.

A ☐ I **do not want** Federal income tax withheld from my monthly retirement benefit.

B ☐ I **want** Federal income tax withheld from my monthly retirement benefit on the following basis (You **must** complete at least B1 and B2 below.)

B1 **Marital Status** ☐ Single ☐ Married  
☐ Married, but withhold at higher single rate

B2 **Number of Allowances Claimed**

B3 **Minimum Withholding (Optional)** \$

Enter **minimum monthly** amount you want withheld. The Retirement Systems Division will **not** process this optional minimum withholding amount without your designations for marital status (B1) and number of allowances claimed (B2).

### Results of Failure to File

If certificate is not filed, withholding will be based on married tax tables with 3 allowances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section D. North Carolina Income Tax Withholding Preference Certificate (NC-4P)

Retirement benefits are exempt from North Carolina income tax provided you had five (5) or more years of maintained creditable service in the Retirement System as of August 12, 1989. If you are a resident of North Carolina and are not exempt from North Carolina tax, you may elect not to have North Carolina income tax withheld; however, if you elect not to have tax withheld, you may be subject to tax penalties. The Retirement Systems Division is unable to withhold taxes for other states. Make your election as to North Carolina income tax withholding by checking the appropriate box.

A ☐ I **do not want** North Carolina income tax withheld from my monthly retirement benefit.

B ☐ I **want** North Carolina income tax withheld from my monthly retirement benefit on the following basis (You **must** complete at least B1 and B2 below.)

B1 **Marital Status** ☐ Single ☐ Head of Household ☐ Married or Qualifying Widow(er)

B2 **Number of Allowances Claimed**

B3 **Minimum Withholding (Optional)** \$

Enter **total monthly** amount you want withheld. The Retirement Systems Division will **not** process this optional minimum withholding amount without your designations for marital status (B1) and number of allowances claimed (B2).

**Results of Failure to File:** If you are a resident of North Carolina and are not exempt from North Carolina income tax, and do not make an election, we are required to withhold on the basis of single with 0 allowances. If your retirement benefits are subject to North Carolina income tax and you elect not to have tax withheld, you may be subject to tax penalties.

**Submit this page by mail or fax.**

N.C. Department of State Treasurer, Retirement Systems Division

3200 Atlantic Avenue, Raleigh, North Carolina 27604

1-877-NCSECURE (1-877-627-3287) toll-free

www.myncretirement.com • You may fax this form to (919) 855-5800.

## Guide A. Instructions for Federal Income Tax Withholding Preference Certificate

The Federal income tax laws require that you complete this form so as to make your election on Federal income tax withholding from your retirement benefit.

The pension payments you receive from your Retirement System could be subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your pension payment that is already included in your income subject to federal income tax and will be like wage withholding. Thus, there will be no withholding on the return of your own previously taxed contributions to the plan.

### Election

- Check box *A* if you do not want Federal income tax withheld.
- Check box *B* if you want Federal income tax withheld. If you check box *B*, you must also indicate *Marital Status* and *Number of Allowances*.

### Marital Status

Check the single box if you are not married, or if you are widowed, divorced, or separated. Check the married box only if you are currently living with your spouse.

### Number of Allowances Claimed

Enter the number of allowances that you would claim. Generally one allowance would be claimed for yourself, another if you are over 65,

another if you are blind, another for each dependent, and an additional allowance for your spouse if your spouse is not claiming an allowance on another certificate. The allowances that you would claim should be further modified if you have other sources of income or excess deductions. A worksheet for determining allowances can be found on Form W-4P issued by the Internal Revenue Service.

### Minimum Withholding (Optional)

Enter the minimum total amount you want withheld from your retirement benefit. If the amount entered is greater than that computed using the tax tables, we will withhold the amount entered. If less, we will withhold as computed using the tax tables.

### Failure to File

If certificate is not filed, withholding will be based on married tax tables with 3 allowances. See information on potential penalty on front of the certificate.

**CAUTION:** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form 290.

## Guide B. Instructions for North Carolina Income Tax Withholding Preference Certificate

Retirement benefits are exempt from North Carolina income tax provided you had five (5) or more years of maintained creditable service in the Retirement System as of August 12, 1989. You should complete the appropriate section of the Certificate if you want North Carolina income tax withheld from your benefits payment.

### Election

- Check box *A* if you do not want North Carolina tax withheld.
- Check box *B* if you want North Carolina tax withheld. If you check box *B*, you must also indicate *Marital Status* and *Number of Allowances*.

### Marital Status

- Check *Single* if you are not married, or you are a widow/widower that does not meet the qualification to file as a qualifying widow/widower.
- Check *Head of Household* only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents.
- Check *Married or Qualifying Widow(er)* if you are: (1) married, or (2) your spouse died in either of the two preceding tax years and you meet the following requirements: (a) Your home is maintained as the main household of a child or stepchild for whom you can claim an exemption; and you can claim an exemption; and (b) You were entitled to file a joint return with your spouse in the year of your spouse's death.

### Number of Allowances Claimed

A worksheet for determining allowances is included with the Form NC-4 issued by the North Carolina Department of Revenue.

### Minimum Withholding (Optional)

Enter the minimum total amount you want withheld from your retirement benefit. If the amount entered is greater than that computed using the tax tables, we will withhold the amount entered. If less, we will withhold as computed using the tax tables.

Even if your retirement benefits are exempt from North Carolina income tax, we may also withhold for you, if you choose, an amount to cover some other taxable income. If this is desirable, you must check box *B*, enter your marital status, allowances claimed, and a minimum monthly amount to be withheld. We will then withhold this minimum amount.

### Failure to File

If you are a resident of North Carolina and are not exempt from North Carolina income tax, and do not make an election, we are required to withhold on the basis of single with 0 allowances. If your retirement benefits are subject to North Carolina income tax and you elect not to have tax withheld, you may be subject to tax penalties.

## Thank you.

***This form must be filed prior to the date your benefit begins and thereafter at any time you wish to change your election, exemption, or marital status.***