



**Change of Personal Information**

**Department of State Treasurer**

Retirement Systems Division

3200 Atlantic Avenue, Raleigh NC 27604

www.myNCRetirement.com • (919) 814-4590

Please print or type in black ink. Depending on the information being changed, you will mail the completed and notarized form to the address above or email to nc.retirement@nctreasurer.com.

**Section A. Provide your old address, and/or previous name.**

First Name	M.I.	Last Name		Suffix
Mailing Address				SSN
City	State	Zip Code	Telephone	Member ID
Email Address				Date of Birth

**Section B. Provide your new address, and/or name.**

First Name	M.I.	Last Name		Suffix
Mailing Address				SSN
City	State	Zip Code	Country	

**Section C. Name Change Verification Documents**

If you change your legal name from what we have on file for you, you will be required to provide a copy of government-issued proof of legal name. Acceptable forms of identification are:

☐ Driver's License ☐ Passport ☐ Military ID ☐ State-Issued ID ☐ Not Applicable

**Section D. Address Change Verification Documents**

The address on the Form 5, Withdrawing Your Retirement Service Credit and Contributions, should be your mailing address. This is where payments to you and any rollover institution will be sent. We will also use this address when sending year-end tax documents. If you update your mailing address, we require two verification documents:

☐ A completed and notarized Form 5COA (this form).

One of the following in your name at your new address:

☐ Driver's License (preferred) ☐ Government-Issued ID ☐ Utility Bill (such as gas, electric, water, telephone) ☐ Mortgage Statement  
☐ Vehicle Registration ☐ Tax Bill for Real Estate ☐ Residency Affidavit

**Section E. You must authorize these changes in front of a notary and submit a completed form by mail or email.**

Please authorize these changes with your signature.

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

**Section F. Have this form notarized. Improperly notarized forms will not be accepted.**

State of \_\_\_\_\_ County of \_\_\_\_\_

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 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Signature of Notary \_\_\_\_\_

**Thank you.**