



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	Mobile Phone
Personal Email Address			Member ID	Date of Birth

Section B. Provide your new address, and/or name. (Send copies of supporting document(s) with this form.)

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

Section C. Name Change Verification Documents (Send copies of supporting document(s) with this form.)

If you change your legal name from what we have on file for you, we require that you send a copy of government-issued proof of legal name with this form. Acceptable identification are:

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

Section D. Address Change Verification Documents (Send copies of supporting document(s) with this form.)

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 that you send copies of two verification documents:

A completed and notarized Form 5COA (this form), and

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)
Vehicle Registration Tax Document(s) Mortgage Statement

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.