

Certification of Service as Register of Deeds



Please print or type in black ink.

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Section A. This employ	_		ed for retiremen	nt.			
FIRST NAME	MI	LAST NAME			SUFFIX	SSN	
MAILING ADDRESS						MEMB	ER ID
CITY		STATE	ZIP CODE	TELEPHON	E NO.	DATE	OF BIRTH
RETIREMENT SYSTEM		EFFECTIVE RETIREMENT DATE					
Section B. Employer C	ertifi	cation					
This section should be complete	ed by	the county with w	hich the service as	Register of De	eds was perf	ormed.	
Dates of service as Register of	Deeds	s. (Do not includ	le service as Assis	stant or Deputy	/ of Register	r of Dee	ds.)
From to _			Fron	າ	to		
Month/Yr				Month/Yr		Month/Y	
Last regular annual salary re			of Deeds.				
You must certify the retiring Reg begin until this form has been p						etiremen	t calculations canno
Section C. Certification							
I certify that I have examined compensation paid to the above and amounts provided.	l the -nam	personnel and ed Register of De	payroll records of eeds. By signing b	the county an pelow, I hereby	d such reco certify the ac	ords reflection	ect the service an f the information
CONTACT FIRST NAME		CONTACT LAST	NAME	POSI	TION TITLE		
EMPLOYER/AGENCY				<u> </u>			UNIT NO.
E-MAIL ADDRESS				TELEF	PHONE NO.	NO. FAX NO.	
Employer Contact's Signature				,		Date	
Employer Contact 5 Signature	' ——					Date	

Section D. Please submit this form by mail or fax.

Please complete this form and return to the address below promptly for processing.

N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 919-814-4590

6ROD REV 20220519