



Fill out this form completely and have it notarized.

Affidavit of Identity

I, the Affiant herein, being duly sworn upon oath do hereby state that:

- 1. My legal name is
2. Please provide one of the following:
My Member ID is: (or) My Social Security Number is XXX-XX-
3. Home Phone: () - Mobile Phone: () -
Mailing address:
4. My date of birth is: / /
5. I request the Retirement Systems Division (check all that apply):
a. remove the temporary hold on my ORBIT Self-Service account.
b. change my email address to:
(personal email address required; business/work email addresses are not supported)
c. add/update my mobile phone number to my ORBIT Self-Service account () -
d. send me my ORBIT Self-Service account security questions and answers.
6. I understand that if I willfully make false statements on this Affidavit I may be punished by fine or imprisonment.
7. In consideration of the Retirement Systems Division making the requested changes in item 5 above, I shall at all times hold harmless and keep indemnified the State of North Carolina and the Retirement Systems Division against any claim, demand, loss or expense of any character, that may result at any time to the State of North Carolina, or any agency thereof, arising out of and by reason of making the requested changes in item 5 above.

I certify under penalty of perjury under State law that I know the contents of this Affidavit signed by me that the statements are true and correct.

Member Signature: Date:

This form must be acknowledged before a Notary Public.

State of: County of:

I, a notary public for said State and County, do hereby certify that personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the day of 20

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HERE

Signature of Notary:

My commission expires: