North Carolina
Retirement Systems

Form ACCTMIDAFF
Affidavit of Identity

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Fill out this form completely and have it notarized.

I, the Affiant herein, hereby solemnly affirm that:

1.	**My legal name is:**

2.	**Provide one of the following:**	
	My Member ID is	My Social Security Number is (Last 4 Digits)

3.	**Contact information (at least one phone number is required):**		
	Phone	Mobile	Complete Mailing Address

4.	**My date of birth is:**		
	Month	Day	Year

5.	**I request the Retirement Systems Division (check all that apply):**		
☐	5A.	**Remove the temporary hold on my ORBIT Self-Service account.**	
☐	5B.	**Change my email address to:** *- Personal email address required; business/work email addresses are not supported.*	
☐	5C.	**Add/update my mobile phone number to my ORBIT Self-Service account:**	
☐	5D.	**Send me my ORBIT Self-Service account security questions and answers.**	

6. 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 understand that if I willfully make false statements on this Affidavit I may be punished by fine or imprisonment. 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's 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 acknowledge the due execution of this form. Witness my hand and official seal this the _____ day of _____, 20 ____. My Commission Expires _____

Signature of Notary _____

INK SEAL HERE

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