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: _____/_____/_____.
   (Month) (Day) (Year)
5. I presented _____ to the Notary Public as proof of my identity.
6. 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.
   e. ☐ remove date of death from my benefit account.
   f. ☐ reinstate health coverage after removing date of death from my benefit account.
7. I understand that if I willfully make false statements on this Affidavit I may be punished by fine or imprisonment.
8. In consideration of the Retirement Systems Division making the requested changes in item 6 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 6 above.

I certify under penalty of perjury under _____ (State of Residence) 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 _____.

INK SEAL HERE

Signature of Notary: _____

My commission expires: _____