



North Carolina Retirement Systems



Form 5COA

Change of Personal Information

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

Section A. Provide your old address, and/or previous name.

First Name	M.I.	Last Name	Suffix	
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address				Your Member ID

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

Required: Effective Date of Change	Month	Day	Year	SSN	Country
First Name	M.I.	Last Name	Suffix		
Mailing Address			City	State	Zip Code

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 documents are:

☐ Driver's License ☐ Passport ☐ Military ID ☐ State-Issued ID ☐ Social Security Card ☐ 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. Authorize with your signature.

I understand that if I willfully make false statements on this Affidavit I may be punished by fine or imprisonment. 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 _____

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Submit the completed form with supporting documentation by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
NC.Retirement@nctreasurer.com • (919) 814-4590

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