North Carolina
Total Retirement Plans

Form COA

Change of Personal Information

(Not for Regularly Employed and Contributing Members)

Department of State Treasurer
Retirement Systems Division
3200 Atlantic Avenue, Raleigh NC 27604
www.myNCRetirement.com • (919) 814-4590

Please print or type in black ink. Depending on the Information being changed, you will mail the completed and notarized form to the address above or email to nc.retirement@nctreasurer.com.

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

First Name	M.I.	Last Name		Suffix
Mailing Address				SSN
City	State	Zip Code	Telephone	Member ID
Email Address				Date of Birth

Note: Currently employed and contributing employees must update their personal information through their employer.

Section B. Check the retirement system that applies.

- ☐ Teachers' and State Employees' Retirement System
- ☐ Local Governmental Employees' Retirement System
- ☐ Consolidated Judicial Retirement System
- ☐ Legislative Retirement System
- ☐ National Guard Pension Fund
- ☐ Disability Income Plan of North Carolina
- ☐ Firefighters' & Rescue Squad Workers' Pension Fund
- ☐ Registers of Deeds' Supplemental Pension Fund

Section C. Confirm what personal information you are updating with this form.

Along with this form, you must provide documented proof of this name or Social Security number change, which may be a copy of:
• A Social Security card showing the new number or other document from the Social Security Administration

Are you using this form to update your name and/or Social Security number?

- ☐ NO (Skip to Section D)
- ☐ YES (This form **cannot** be submitted online. It must be mailed to the retirement system with the proper accompanying documentation.)

Note: If you change your name legally, you must go to the Social Security Administration (SSA) and have your records updated and receive a new Social Security card.

Section D. Provide your new mailing address where you will receive correspondence.

Care Of (If Applicable)			
Address Line 1			
Address Line 2			
City	State	Zip Code	Country

Benefit recipients only. Do you prefer to receive any correspondence at an alternate address during certain months of **each** year?

- ☐ NO, I use this correspondence address without exception.
- ☐ YES, and I will give my alternate address in Section E.

Benefit recipients only. Do you prefer to receive any benefit payments or financial notices at a separate address?

- ☐ NO, my mailing address is the same as my payment address
- ☐ YES, and I will give my payment address in Section F.

Please continue to the next page.

Section E. Provide an alternate mailing address where you will receive correspondence.

For benefit recipients only. If you do not have an alternate mailing address, you do not need to fill in this section. See Section D for clarification.

Care Of (If Applicable)			
Address Line 1			
Address Line 2			
City	State	Zip Code	Country
Effective Each Year From (MM-DD)	Effective Each Year To (MM-DD)		

Section F. Provide your new payment address where you will receive financial notices.

For benefit recipients only. If your payment address is the same as your mailing address, you do not need to fill in this section. See Section D for clarification.

Care Of (If Applicable)			
Address Line 1			
Address Line 2			
City	State	Zip Code	Country

Do you prefer to receive payments or financial notices at an alternate address during certain months of **each** year?

☐ NO, I use this payment address without exception.

☐ YES, and I will give my alternate address in Section G.

Section G. Provide an alternate payment address where you will receive financial notices.

For benefit recipients only. If you do not have an alternate payment address, you do not need to fill in this section. See Section F for clarification.

Care Of (If Applicable)			
Address Line 1			
Address Line 2			
City	State	Zip Code	Country
Effective Each Year From (MM-DD)	Effective Each Year To (MM-DD)		

Section H. You must authorize these changes in front of a notary and submit a completed form by mail or email.

Please authorize these changes with your signature.

Signature _____ Date _____

Section I. Have this form notarized. *Improperly notarized forms will not be accepted.*

State of _____ County of _____ My Commission Expires _____

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 _____

Signature of Notary _____

Thank you.

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