



Updating Your Addresses or Name (Not for Regularly Employed and Contributing Members)

North Carolina Retirement Systems

Please print or type in black ink.

Section A. Please give us your old address.

FIRST NAME	MI	LAST NAME		SSN
MAILING ADDRESS				MEMBER ID
CITY	STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH

Note: Currently employed and contributing employees must change their address through their employer.

Section B. Please check the retirement system that applies.

- | | |
|---|---|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System | <input type="checkbox"/> Legislative Retirement System |
| <input type="checkbox"/> National Guard Pension Fund | <input type="checkbox"/> Disability Income Plan of North Carolina |
| <input type="checkbox"/> Local Governmental Employees' Retirement System | <input type="checkbox"/> Legislative Retirement Fund |
| <input type="checkbox"/> Registers of Deeds' Supplemental Pension Fund | <input type="checkbox"/> Firemen's Pension Fund |
| <input type="checkbox"/> Consolidated Judicial Retirement System | <input type="checkbox"/> Rescue Squad Workers' Pension Fund |

Section C. Please give your prior name if you are using this form to change your name.

Are you using this form to change your name?

- 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.)

Along with this form, you must provide documented proof of this name change, which may be a copy one of the following:

- a valid North Carolina Driver's License showing the new name
- a Social Security card showing the new name or other document from Social Security
- a marriage certificate issued by a governmental agency
- a divorce decree which includes the name change
- documented proof from the courts or the Register of Deeds establishing that the name change was officially accomplished.

PRIOR NAME
NEW NAME

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

EFFECTIVE DATE (MM-DD-YYYY)	CARE OF (IF APPLICABLE)			
	ADDRESS LINE 1			
	ADDRESS LINE 2			
	CITY	STATE	ZIP	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. Please give 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.

EFFECTIVE EACH YEAR FROM (MM-DD)	CARE OF (IF APPLICABLE)			
	ADDRESS LINE 1			
TO (MM-DD)	ADDRESS LINE 2			
	CITY	STATE	ZIP	COUNTRY

Section F. Please give 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.

EFFECTIVE DATE (MM-DD-YYYY)	CARE OF (IF APPLICABLE)			
	ADDRESS LINE 1			
	ADDRESS LINE 2			
	CITY	STATE	ZIP	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. Please give 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.

EFFECTIVE EACH YEAR FROM (MM-DD)	CARE OF (IF APPLICABLE)			
	ADDRESS LINE 1			
TO (MM-DD)	ADDRESS LINE 2			
	CITY	STATE	ZIP	COUNTRY

Section H. Please authorize these changes and submit a completed form by mail or fax.

Please authorize these changes with your signature.

Signature _____

Date _____

This form is also available online at www.myncretirement.com.

- You may mail the completed form to the address below, or
- You may fax the completed form to (919) 508-5350

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
 325 North Salisbury Street, Raleigh, North Carolina 27603-1385
 (919) 733-4191 in the Raleigh area or (877) 733-4191 toll free
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