North Carolina
Total Retirement Plans

Form 4
Certification of Local Government Service

Please print or type in black ink.
Please do not staple pages.

Section A. Employee information.

FIRST NAME	MI	LAST NAME	SUFFIX
MAILING ADDRESS			SSN

CITY	STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH

Section B. Employer, please verify the employee's period(s) of service.

Eligibility requirements: Member must be employed on a permanent basis and on a schedule that required at least 1,000 hours of service per year.

What were the start and the end dates of this employee's service?

START DATE	END DATE	POSITION TITLE	
START DATE	END DATE	POSITION TITLE	
START DATE	END DATE	POSITION TITLE	
START DATE	END DATE	POSITION TITLE	

Section C. Employer, please certify the information you have provided.

I have examined the personnel records of this unit, and I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Employer Contact's Signature _____ Date_____

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE	
EMPLOYER/AGENCY			UNIT NO.
E-MAIL ADDRESS		TELEPHONE NO.	FAX NO.

Section D. Please submit this form by mail or fax.

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) 855-5800

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com