MARYLAND STATE RETIREMENT AGENCY 120 EAST BALTIMORE STREET BALTIMORE, MD 21202-6700



IDENTIFICATION AFFIDAVIT FOR mySRPS

INSTRUCTIONS: Fill in **all sections** below. Please **print** clearly. Have a **Notary Public** present as you **sign** and **date** the form. Keep **a copy** for your records. **See the bottom of this page for info on how to submit the completed form to us.**

RETIREMENT USE ONLY

PARTICIPANT SOCIAL SECURITY NUMBER	PARTICIPANT DATE OF BIRTH
	Day Month Year
PARTICIPANT NAME	
First Initial	Last
PARTICIPANT DAYTIME PHONE NUMBER	
PARTICIPANT EMAIL ADDRESS (leave blank if you do not have an	n email address)
TO THE MARYLAND STATE RETIREMENT AGENCY: I solemnly affirm under the penalties of perjury and upon personal knowledge that the information I have provided in this affidavit is true.	
Signature	Date Signed
This form must be signed and properly notarized to be valid. The below section must be completed by a Notarial Officer (Notary Public, Clerk of the Court, etc.)	
State of, County of	(or City of Baltimore)
	dged before me on the day of, 20,
Official stamp By	ual whose signature is being acknowledged*
Name of Individ	ual whose signature is being acknowledged.
Title of office (Notary Public Clerk of the Court etc.)	My commission expires
Signature of Notarial Officer My commission expires Title of office (<i>Notary Public, Clerk of the Court, etc.</i>) My commission expires	
* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.	

PLEASE READ THIS INFORMATION CAREFULLY BEFORE SUBMITTING YOUR FORM

- 1. When you should use this form: You should use this form if you wish to register for the mySRPS secure website, but cannot complete your registration on line.
- 2. IMPORTANT: You must get this form Notarized. We can accept this form only if it is notarized by a Notary Public.
- How to send us your completed and Notarized form: Mail the form to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700
 - **IMPORTANT!** Please send your form **directly** to us. Only the MSRA can register you for mySRPS. **Do not** give this form to your employer.
- 4. **What we'll do when we receive your form:** We will review your form to make sure it is complete and valid. If it is, we will mail to your address on file the instructions and forms you need to finish registering for mySRPS.