



NOTICE OF CHANGE-MEMBER DATA RECORD
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 10766 (Rev. 01-2014)

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER'S NAME			
Name: (Last, First, Middle, Suffix)			NDPERS Member ID
Last Four Digits of Social Security Number			Date of Birth
Organization Name		NDPERS Organization ID	
PART B ADDRESS CHANGE			EFFECTIVE DATE
Mailing Address	City	State	Zip Code +4
PART C MARITAL STATUS CHANGE			EFFECTIVE DATE
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, Spouse's Name _____			
<u>COMPLETE APPLICABLE GROUP INSURANCE APPLICATION(S) & DESIGNATION OF BENEFICIARY(IES)</u>			
PART D NAME CHANGE			EFFECTIVE DATE
Former Name: (Last, First, Middle)			
New Name: (Last, First, Middle)			
PART E TELEPHONE NUMBER CHANGE			EFFECTIVE DATE
Home Telephone Number	Area Code and Telephone Number:		
Work Telephone Number	Area Code and Telephone Number:		
Cell Phone Number	Area Code and Telephone Number:		
PART F E-MAIL CHANGE			EFFECTIVE DATE
E-Mail Address:			
PART G CONTACT CHANGE			EFFECTIVE DATE
In case of death or incapacity, please designate a contact. If married, spouse is required to be the Contact. Social Security Number, Date of Birth, and Gender also required.			
Contact Name:		Relationship to Member:	
Social Security Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Same Address as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No, Please indicate		Contact Address:	
Same Telephone as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No, Please indicate		Contact Telephone Number:	
PART H AUTHORIZATION			
To the best of my knowledge and belief, the information that I have provided on this form is correct.			
_____		_____	
Signature of Member or Authorized Agent		Date	



INSTRUCTIONS

Part A Member Identification

Enter member's current name, NDPERS member ID, date of birth, and last four digits of social security number, department name, and NDPERS Organization ID.

Part B Address Change

Enter effective date.

Enter member's new mailing address.

Part C Marital Status Change

Enter effective date.

In cases of marital status change, it is necessary that the member complete new designations of beneficiary. (Designation for the Group Retirement Plan SFN 2560 and/or Life Insurance Enrollment/Change SFN 53803)

Part D Name Change

Enter effective date.

Enter member's former and new name. Use full name, including middle name.

Part E Telephone Number Change

Enter effective date.

Select category(ies) and enter new telephone number.

Part F E-Mail Change

Enter effective date.

Enter new e-mail address. (NDPERS only maintains one e-mail address on member's record)

Part G Contact Change

Enter effective date.

Enter new contact information. If married, the spouse is required to be the contact.

Part H Authorization

Either the employer's authorized agent or the member must sign SFN 10766 to be valid