



**APPLICATION FOR DEFERRED RETIREMENT BENEFITS**  
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 SFN 59044 (Rev. 01-2010)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657  
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<b>PART A PARTICIPANT IDENTIFICATION</b>	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Department/Agency	NDPERS Organization ID
<b>PART B APPLICATION TO DEFER RETIREMENT BENEFITS</b>	
NDPERS Deferred Retirement Effective (Month / 1 / Year) _____ / 1 / _____	
<b>DEFINED BENEFIT PLAN</b>	<b>DEFINED CONTRIBUTION PLAN</b>
<b>SECTION 1 RETIREMENT PAYMENT OPTIONS (Check One)</b>	
<input type="checkbox"/> Monthly Benefit Payment: (Check One) <input type="checkbox"/> Single Life / Normal Retirement <input type="checkbox"/> 50% Joint Survivor/Life <input type="checkbox"/> 100% Joint Survivor/Life <input type="checkbox"/> 10 Year Term Certain/Life <input type="checkbox"/> 20 Year Term Certain/Life <input type="checkbox"/> Social Security Level Income:(Check One) <input type="checkbox"/> Age 62 <input type="checkbox"/> ____ other age <input type="checkbox"/> Social Security Normal Retirement Age	<input type="checkbox"/> Periodic Payment
<b>SECTION 2 RETIREE HEALTH CREDIT OPTIONS ( Check One)</b>	
<input type="checkbox"/> I elect the standard retiree health credit option specific to the retirement option selected in section 2. <input type="checkbox"/> If married and selected either the single life, 20 or 10 year term certain/life, or social security level income; I elect the following alternate actuarially reduced retiree health credit option: (Check One): <input type="checkbox"/> 50% Joint Survivor Life <input type="checkbox"/> 100% Joint Survivor Life	<input type="checkbox"/> I elect the standard retiree health credit option <input type="checkbox"/> If married, I elect the following alternate actuarially reduced retiree health credit option: (Check One): <input type="checkbox"/> 50% Joint Survivor Life <input type="checkbox"/> 100% Joint Survivor Life
<b>PART C SICK LEAVE CONVERSION (DEFINED BENEFIT PLAN ONLY)</b>	
Do you wish to purchase all or part of your unused sick leave into retirement service credit? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If <u>Yes</u>, complete and return the Conversion Of Unused Sick Leave Application – Defined Benefit SFN 58358.</b>	
<b>PART D AUTHORIZATION</b>	
I elect to defer my retirement benefits and health credit as indicated in PART B. <b>I understand that I must submit an application to commence retirement benefits to NDPERS at least 30 days before distribution of my first retirement check.</b>	
_____	_____
Member's Signature	Date

**Please refer to the “Group Retirement Plan” sheet.**

**Part A Participant Identification**

For member identification, please provide all requested information.

**Part B Application to Defer Retirement Benefits**

Enter the month and year you want your retirement benefits to begin. This is a date you tentatively wish to commence benefits. You have the option to delay your benefits until you are required by law to receive minimum required distributions. Whether vested or not, you can leave your Member Account Balance intact with NDPERS. Interest continues to compound on your Member Account Balance until you begin receiving a pension.

If you participate in the Defined Benefit Plan, complete the left side of Part B. If you participate in the Defined Contribution Plan, complete the right side of Part B.

Section 1: Check your retirement payment option. You will reaffirm your election once you make application to commence drawing a pension.

Section 2: Check your retiree health credit option. You will reaffirm your election once you make application to commence drawing a pension.

**Part C: Sick Leave Conversion**

This section is to be completed ONLY if you participate in the Defined Benefit Plan. Defined Contribution Plan members are not eligible to purchase unused sick leave.

**Part D: Authorization**

**YOU MUST SIGN AND DATE PART D TO VALIDATE THIS FORM.**