



NDPERS PREP – REGISTRATION FORM
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58753 (Rev. 12-2009)

NDPERS • 400 East Broadway, Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 or (800) 803-7377 • Fax: (701) 328-3920
Email: NDPERS-INFO@ND.GOV Website: WWW.ND.GOV/NDPERS

Please Print

PART A (MEMBER INFORMATION)		
Name:		NDPERS Member ID (Required):
Date of Birth:	Last 4 Digits of Social Security Number:	
Address:		
City:	North Dakota	Zip Code:
Telephone Phone (work): _____ Employer: _____		
<input type="checkbox"/> Paying by Check (enclosed) <input type="checkbox"/> IDB Billing Dept Number _____ Contact Person: _____ <small>(must have number)</small>		
PART B (ADDITIONAL ATTENDEE)		
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		
PART C (BENEFIT ESTIMATE)		
Retirement Projection (LIMITED to 2 projections):		
<input type="checkbox"/> Normal Retirement	<input type="checkbox"/> Early Retirement	<input type="checkbox"/> Disability Retirement
<input type="checkbox"/> Other-Specify Date: _____ (Month/Year)		
PART D (DUE DATE)		
Return this registration form to NDPERS by: August 12, 2011 , Registrations received after this date will NOT BE ACCEPTED! Also Cash will NOT be accepted.		

For Office Use:
Check#:
Contact Ticket#: 184265