



RETIREMENT PLAN MEMBERSHIP WAIVER
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 54286 (11-06)

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.]

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 OR (800) 803-7377 • FAX: (701) 328-3920

(PLEASE READ THE IMPORTANT NOTICE PRINTED ON THE BACK OF THIS FORM)

PART A MEMBER INFORMATION			
Name (Last, First, Mi)		Social Security Number	
Address	City	State	Zip Code + 4
Department Name	Dept Number	Date of Hire/New Term	
PART B MEMBER ELECTION			
<p>I hereby permanently and irrevocably elect to discontinue participation in the Defined Benefit Hybrid Plan and the Defined Contribution Plan under N.D.C.C. Chapters 54-52 and 54-52.6, regardless of my current eligibility to participate. I have reached normal retirement as defined in N.D.C.C. Chapter 54-52 and have the opportunity to terminate participation in the retirement plan.</p> <p>I understand that neither I nor my employer will contribute to the retirement and retiree health insurance credit plans once I have made this election. Retirement benefits and retiree health insurance credit accruals will cease when I accept a retirement allowance. I also understand that the retiree health insurance credit will not be available until I terminate employment as defined in N.D.A.C. Chapter 71-02-01-01 and health insurance premiums are no longer paid by my employer (N.D.C.C. 54-52.1-03.3).</p> <p>I understand that my election is irrevocable and permanent. I have had the opportunity to speak with an attorney and financial planner of my choosing and at my expense, to review this option and benefit estimates available from the North Dakota Public Employees Retirement System (NDPERS), and to ask any questions I may have concerning this election.</p> <p>_____</p> <p>Member's Signature</p> <p>_____</p> <p>Date</p>			
PART C NOTARY PUBLIC			
SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.			
S	_____		
E	Notary Public		
A	Residing at _____		
L	My Commission Expires _____		
PART D NDPERS USE ONLY			
Reviewed and Approved By:		Reviewed and Denied By:	

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

RETIREMENT WAIVER OF MEMBERSHIP

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PART A: MEMBER INFORMATION

1. Enter your name, social security number, mailing address, department name, department number, and date of hire.

IMPORTANT NOTICE

- There must be a severance of employment between employers by not being on the payroll of a covered employer for a minimum of one month (31 days).
- There must be no prior work agreement made with an employer prior to 31 days.

PART B: MEMBER ELECTION

1. You must sign and date this section for the form to be valid. Your signature must be notarized.

PART C: NOTARY PUBLIC

1. Notary signature and seal is required.

PART D: NDPERS USE ONLY