



APPLICATION FOR RETIREMENT BENEFITS
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 2562 (Rev. 07/05)

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. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

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PART A MEMBER INFORMATION					
Name (Last, First, MI)			Social Security Number		
Date of Birth	Sex	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Home Phone Number	
Address		City	State	Zip Code	
PART B APPLICATION FOR RETIREMENT BENEFITS					
Date Retirement Benefits Begin (Month / Day / Year) _____ / _____ / _____					
DEFINED BENEFIT PLAN			DEFINED CONTRIBUTION PLAN		
SECTION 1 RETIREMENT OPTION (Check One)					
<input type="checkbox"/> Deferred Retirement (Under Age 65) <input type="checkbox"/> Early Retirement (Age 55-64)			<input type="checkbox"/> Deferred Retirement		
<input type="checkbox"/> Normal Retirement (Rule of 85 OR Age 65 & Over)			<input type="checkbox"/> Retirement Allowance		
SECTION 2 RETIREMENT PAYMENT OPTIONS (Check One)					
<input type="checkbox"/> Single Life / Normal Retirement			<input type="checkbox"/> Periodic/Monthly Payment		
<input type="checkbox"/> 50% Joint Survivor/Life		<input type="checkbox"/> 100% Joint Survivor/Life		A Fidelity Investments Distribution Form MUST be completed and submitted with this form.	
<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"/> Normal Retirement Age					
SECTION 3 RETIREE HEALTH CREDIT OPTIONS (Check One)					
<input type="checkbox"/> I elect the standard retiree health credit option specific to the retirement option selected in section 2.			<input type="checkbox"/> I elect the standard retiree health credit option		
<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			<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			(Check One): <input type="checkbox"/> 50% Joint Survivor Life <input type="checkbox"/> 100% Joint Survivor Life		
PART C SICK LEAVE CONVERSION (DEFINED BENEFIT PLAN ONLY)					
Do you wish to purchase all or part of your unused sick leave into retirement service credit? (FAS x 9.12% x months = cost)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, Number of Months (Hours ÷ 173.3 = months): _____					
PART D AUTHORIZATION					
I elect to receive the retirement benefits and health credit as indicated in PART B. I understand I must submit a photocopy of my birth certificate. (If married, also submit a photocopy of spouse's birth certificate & marriage certificate)					
_____				_____	
Member's Signature				Date	

ORIGINAL TO NDPERS - PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS