



**NOTICE OF CHANGE-MEMBER DATA RECORD**  
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 SFN 10766 (Rev. 04-2011)

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

<b>PART A MEMBER'S NAME</b>			
Name: (Last, First, Middle, Suffix)			NDPERS Member ID
Last Four Digits of Social Security Number			Date of Birth
Organization Name		NDPERS Organization ID	
<b>PART B ADDRESS CHANGE</b>			<b>EFFECTIVE DATE</b>
Mailing Address	City	State	Zip Code +4
<b>PART C MARITAL STATUS CHANGE</b>			<b>EFFECTIVE DATE</b>
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legal Separation <input type="checkbox"/> Widowed, Spouse's Name _____			
<u>COMPLETE APPLICABLE GROUP INSURANCE APPLICATION(S) &amp; DESIGNATION OF BENEFICIARY(IES)</u>			
<b>PART D NAME CHANGE</b>			<b>EFFECTIVE DATE</b>
Former Name: (Last, First, Middle)			
New Name: (Last, First, Middle)			
<b>PART E TELEPHONE NUMBER CHANGE</b>			<b>EFFECTIVE DATE</b>
Home Telephone Number	Area Code and Telephone Number:		
Work Telephone Number	Area Code and Telephone Number:		
Cell Phone Number	Area Code and Telephone Number:		
<b>PART F E-MAIL CHANGE</b>			<b>EFFECTIVE DATE</b>
E-Mail Address:			
<b>PART G CONTACT CHANGE</b>			<b>EFFECTIVE DATE</b>
<b>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.</b>			
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:	
<b>PART H AUTHORIZATION</b>			
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