



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT OR CONTACT
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 17029 (Rev. 08/2008)

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

PART A AGENCY IDENTIFICATION				
Name of Participating Agency:		Dept Number:		
PART B TYPE OF APPOINTMENT				
<input type="checkbox"/> Replacement: Previous Agent/Contact Name: _____				
<input type="checkbox"/> New Authorized Agent <input type="checkbox"/> New Contact				
PART C NAME OF AGENT OR CONTACT				
Name of Authorized Agent or Contact:		Date of Appointment:		
Signature of Authorized Agent or Contact:		Date of Signature:		
PART D DIVISION				
<input type="checkbox"/> Payroll <input type="checkbox"/> Human Resource <input type="checkbox"/> Finance <input type="checkbox"/> Web Contact <input type="checkbox"/> Other: _____				
PART E PROGRAM				
<input type="checkbox"/> Retirement <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Health <input type="checkbox"/> Wellness Program				
<input type="checkbox"/> Life <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Long Term Care				
<input type="checkbox"/> FlexComp <input type="checkbox"/> Employees Assistance Program				
PART F CONTACT INFORMATION				
Address:		City:	State:	Zip + 4 Code:
E-Mail Address:		Telephone Number:	FAX Number:	
PART G CERTIFICATION BY AGENCY HEAD/CONTRACTING AUTHORITY				
I certify that the above named authorized agent or contact is designated to act in this capacity for this department/agency.				
_____ Signature of Agency Head/Contracting Authority		_____ Date		
_____ Position or Title				

PART A: AGENCY IDENTIFICATION

1. Name of agency and NDPERS department number.

PART B: TYPE OF APPOINTMENT

1. Check the box that identifies the type of appointment. **If this is a replacement, please be sure to list the previous Authorized Agent or Contact.**

PART C: NAME OF AGENT OR CONTACT

1. Name and date of appointment of new Authorized Agent or Contact.
2. Authorized Agent or Contact must sign and date.

PART D: DIVISION

1. Check the box that identifies the division where the agent or contact works.

PART E: PROGRAM

1. Check the NDPERS program(s) the new Authorized Agent or Contact is to represent.

PART F: CONTACT INFORMATION

1. Enter the mailing address, e-mail address, phone number, and fax number to be used by NDPERS. **If you have an email address, it is a requirement that you provide it in this section as NDPERS provides information and updates via email. If you do not have an email address, please write "N/A".**

PART G: CERTIFICATION BY EXECUTIVE PERSONNEL

1. Agency head/director must sign and date this section for this form to be valid. The agency head/director should also indicate their position or title. **If the employer is controlled by a contracting authority or group, please note that a signature by a member in this contracting authority or group is required. This signature indicates that the authority or group has voted to approve this appointment.**

FILING PROCEDURE: Original to NDPERS – Please retain a photocopy for your records.