



**REQUEST FOR DEMINIMUS DISTRIBUTION**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 52051 (Rev. 12-2009)

52051

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

**PART A MEMBER INFORMATION**

Name (Last, First, Middle)

NDPERS Member ID

Last Four Digits of Social Security Number

Date of Birth

My provider company is

**I hereby request a lump sum distribution of my deferred compensation account without separating from service and acknowledge that I meet the following criteria:**

- a) The total value of deferred assets in the program is less than \$5,000;**
- b) I have not contributed to the plan in the preceding two years; and**
- c) I have not previously received a distribution from the plan.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**PART B PROVIDER COMPANY AGENT** (THIS SECTION TO BE COMPLETED BY YOUR PROVIDER COMPANY AGENT)

This certifies the above participant's deferred compensation aggregate account balance is: \$ \_\_\_\_\_.

\_\_\_\_\_  
Date

Provider Company

\_\_\_\_\_  
Agent Signature

**PART C NDPERS AUTHORIZATION**

Approved for the Retirement Board by:

\_\_\_\_\_  
Authorized Agent, North Dakota Deferred Compensation Plan

\_\_\_\_\_  
Date