



NDPERS REQUEST FOR BENEFIT INFORMATION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53603 (Rev. 03/04)

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.

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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COMPLETE AND SEND TO NDPERS TO RECEIVE A BENEFIT ESTIMATE

PART A MEMBER INFORMATION	
Name:	
Social Security Number:	
Address:	
City:	
State:	Zip Code + 4:
Daytime Phone:	
PART B RETIREMENT PROJECTION (PLEASE LIMIT TO 2 PROJECTIONS)	
<input type="checkbox"/> Age 55 <input type="checkbox"/> Age 62 <input type="checkbox"/> Age 65	
<input type="checkbox"/> Earliest Rule of 85 <input type="checkbox"/> Other –Specify Date: _____	
PART C SICK LEAVE CONVERSION (LEAVE BLANK IF CONVERSION IS NOT DESIRED)	
Number of hours of accumulated sick leave _____	