



NATIONAL GUARD/LAW ENFORCEMENT RETIREMENT ENROLLMENT
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53789 (08-2003)

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
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION (Your permanent record will be created as indicated on this form)			
Name (Last, First, Mi)		Social Security Number	
Maiden Name, if Applicable	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MO/DAY/YR)	
Mailing Address	City	State	Zip Code + 4
Spouse's Name (Last, First, Mi,)		Social Security Number	
Maiden Name, if Applicable		Date of Birth (MO/DAY/YR)	
PART B			
Are you covered under:			
TFFR	<input type="checkbox"/> No <input type="checkbox"/> Yes	Dates: _____	Employer: _____
TIAA-CREF	<input type="checkbox"/> No <input type="checkbox"/> Yes	Dates: _____	Employer: _____
Not Applicable	<input type="checkbox"/>		
Are you a: <input type="checkbox"/> Classified State Employee <input type="checkbox"/> Non-Classified State Employee (See Important Notice) <input type="checkbox"/> Non-State			
Important Notice: All eligible employees of a participating employer must be immediately enrolled in the NDPERS' Defined Benefit plan. If you are a <u>non-classified state employee</u> you have 6 months from taking your new position to switch from the Defined Benefit Plan to the Defined Contribution Plan. If you elect to participate in the Defined Contribution Plan, you do not have the option to switch back to the Defined Benefit Plan. If you wish to elect to participate in the Defined Contribution Plan, you must complete a Defined Contribution Retirement Program Election (SFN 52170). Your election is irrevocable.			
I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentation and fraud.			
_____		_____	
Member's Signature		Date of Signature	
PART C EMPLOYER			
Name of Participating Unit		Department Number	
Address of Participating Unit		City	State Zip Code + 4
Membership Enrollment Date: ____/____/____		Monthly Salary: \$ _____	Contributions start with the first paycheck.
Classification (Check only one)			
<input type="checkbox"/> Permanent Employee (Mandatory Participation)			
<input type="checkbox"/> Classified State <input type="checkbox"/> Non-Classified State <input type="checkbox"/> Non-State			
<input type="checkbox"/> Temporary/Part-Time Employee (Optional Participation)			
<input type="checkbox"/> Elected Official (Optional Participation) Date Term Began: ____/____/____			
<input type="checkbox"/> Appointed Official-List Appropriate Section of NDCC: _____ (Mandatory Participation)			
Title of Member's Position	Is this employee an hourly employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this member work less than 12 months per year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that the information contained on this form is correct to the best of my knowledge and belief.			
_____		_____	
Authorized Agent Signature (Required)		Date of Signature	
<input type="checkbox"/> Checked Social Security Number with Employee's Social Security Card			
<input type="checkbox"/> Attached "Designation of Beneficiary" form SFN 2560			

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS