

**APPLICATION FOR JOB SERVICE RETIREMENT BENEFITS**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53837 (Rev. 12-2009)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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PART A PARTICIPANT IDENTIFICATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Organization Name	NDPERS Organization ID
PART B APPLICATION FOR RETIREMENT BENEFITS	
Date Retirement Benefits Begin (Month / Year) _____ / _____	
PART C RETIREMENT DATES	
<input type="checkbox"/> Normal Retirement (Age 65)	
<input type="checkbox"/> Optional Retirement <input type="checkbox"/> Age 62 w/5 yrs service credit <input type="checkbox"/> Age 60 w/20 yrs service credit <input type="checkbox"/> Age 55 w/30 yrs service credit	
<input type="checkbox"/> Early Retirement <input type="checkbox"/> 5 yrs service credit <input type="checkbox"/> 20 yrs service credit <input type="checkbox"/> 30 yrs service credit	
PART D RETIREMENT PAYMENT OPTIONS (Check One)	
<input type="checkbox"/> Straight Life Base Annuity	
<input type="checkbox"/> Life Annuity Guarantee <input type="checkbox"/> 120 – Months <input type="checkbox"/> 180 – Month <input type="checkbox"/> 240 – Months	
<input type="checkbox"/> Life Annuity Continuing With Contingent Annuitant <input type="checkbox"/> 55% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	
<input type="checkbox"/> Straight Life Annuity With Uniform Income	
<input type="checkbox"/> Life Annuity Guarantee With Uniform Income <input type="checkbox"/> 120 – Months <input type="checkbox"/> 180 – Months <input type="checkbox"/> 240 – Months	
<input type="checkbox"/> Life Annuity With Contingent Annuitant And Uniform Income <input type="checkbox"/> 55% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	
PART E SICK LEAVE	
Number of Hours _____	
PART F AUTHORIZATION	
I elect to receive the retirement benefits as indicated in PART D. I understand I must submit a photocopy of my birth certificate. (If married, also submit a photocopy of spouse's birth certificate & marriage certificate). The retirement option I selected in PART D has been explained to me. I do understand the retirement option I selected in PART D.	
_____	_____
Member's Signature	Date

Part A Participant Identification

For member identification, please provide all requested information.

Part B Application for Retirement Benefits

Enter the month and year your retirement benefits are to begin.

Part C Retirement Dates

Indicate the retirement date applicable to your age and years of service.

Part D Retirement Payment Options

Check one retirement payment option. Your retirement payment option becomes irrevocable once you start drawing benefits. The only exception is if your beneficiary passes away and you have been drawing benefits under a contingent annuitant payment option. (Please refer to the employee handbook for an explanation of each retirement payment option.)

Part E Sick Leave

Please indicate the number of hours of unused sick leave. (Sick leave credit is only eligible as service credit if you are retiring under normal or optional retirement dates.)

Part F Authorization

You must provide a legible photocopy of your birth certificate and if married, a photocopy of your spouse's birth certificate and marriage certificate.

YOU MUST SIGN AND DATE PART F TO VALIDATE THIS FORM.