



NOTICE OF TERMINATION

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 17144 (10-2016)

Name (First, Middle, Last)	Person ID	Last Date Worked in N.D.	
Mailing Address	City	State	ZIP Code
Home Email Address	Work Telephone Number		Home Telephone Number

My last day of TFFR-covered employment is listed above. I am not under contract with a North Dakota public school or state institution for the upcoming school year. I am not on a leave of absence nor teaching summer school or driver's education. I wish to have my retirement account handled in the following manner.

Check one – see reverse side for instructions.

REFUND OF ACCOUNT VALUE (150)

I request the application forms to apply for a refund of my account value (member contributions paid plus interest). There is a 120-day statutory waiting period from the last day of employment before a refund can be issued. I understand that the waiting period may be waived.

DEFERRED RETIREMENT (250)

I am a vested member (Tier 1 member—3 or more years of service credit in North Dakota; Tier 2 member—5 or more years of service credit) and wish to defer retirement until I become eligible for benefits. I understand that I may change this election or take a refund prior to accepting my first retirement check.

DISABILITY RETIREMENT (260)

I am a member with five or more years of North Dakota service credit and would like information on TFFR disability retirement. I understand that a disability application form must be filed within 36 months from my last day of covered employment.

NORMAL RETIREMENT (232)

I am interested in the Partial Lump Sum Option (PLSO).

I am retiring from TFFR-covered employment and my retirement date is _____ (retirement date must be 1st or 15th of a month). I am including **PHOTOCOPIES** of the following documents:

1. Proof of age (send one) - birth certificate, baptismal certificate, military discharge, or passport.
2. Proof of beneficiary's age - if selecting joint and survivor option (acceptable proof see above).
3. ND teaching contract for current school year including any extracurricular activity pay or additional salary.
4. Salary Verification-Pending Retiree form – to be completed by employer.
5. Early retirement incentive agreement OR letter of resignation and acceptance by employer.
6. Social Security benefit estimate - if interested in the level income option.

I also understand that I will select my retirement benefit plan on the official enrollment form that I will receive from the administrative office approximately one month before my retirement date.

Signature of Member	Date
---------------------	------

RETURN TO:

ND Retirement and Investment Office
1930 Burnt Boat Drive, PO Box 7100
Bismarck ND 58507-7100
Telephone: 701-328-9885
Toll free: 800-952-2970
Fax: 701-328-9897
www.nd.gov/rio

This form is available in an alternate format upon request.

Instructions to Complete Notice of Termination Form

Refund of Account Value

Select this option if you have terminated TFFR covered employment and would like to refund your TFFR account value which forfeits any vested lifetime monthly retirement benefits you have accrued. A Refund Application and tax information will be sent to you.

Deferred Retirement

Select this option if you have terminated TFFR covered employment and would like to apply for retirement benefits at a later date. Your TFFR cash account value will continue to earn interest until retirement payments begin.

Disability Retirement

Select this option if you would like to have TFFR disability information sent to you. The disability information will include a TFFR disability benefit estimate and the paperwork you, your employer, and your doctor need to complete.

Normal Retirement

Select this option if you would like to begin TFFR monthly retirement benefits. Return the form with the applicable documents about 120 days before you want the benefits to begin. You must enter a TFFR retirement date on this form. Your TFFR benefit will be calculated as of this date and if applicable, benefits will be paid retroactive to this date. If you are an active member eligible for TFFR retirement, this date is generally the 1st or 15th day of the month following your last day worked. If you are a deferred member and would like to receive your benefits retroactive to an earlier retirement eligibility date, you must enter the earlier retirement date on this line. Your retirement date may be different than your first benefit payment date.

If you have any questions, please contact the administrative office.