



NOTICE OF TERMINATION
 NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
 TEACHERS' FUND FOR RETIREMENT DIVISION
 SFN 17144 (7-07)

Name (First, Middle, Last)	Person ID	Last Date Taught in N.D.	
Mailing Address	City	State	Zip Code
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)

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 I 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 one 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 – 1st or 15th of 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.
3. ND teaching contract for current school year including any extracurricular activity pay or additional salary.
4. Early retirement incentive agreement OR letter of resignation and acceptance by employer.
5. 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
 P.O. Box 7100, 1930 Burnt Boat Drive
 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.

White – RIO

Yellow - Member