



## NOTICE OF APPOINTMENT OF AUTHORIZED AGENT OR CONTACT

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 17029 (Rev. 01-2014)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657  
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

<b>PART A ORGANIZATION IDENTIFICATION</b>			
Organization Name:		NDPERS Organization ID:	
<b>PART B APPOINTMENT / CHANGE</b>			
Effective Date:			
<input type="checkbox"/> Replacement Agent/Contact <input type="checkbox"/> Remove Agent/Contact		Previous Agent/Contact Name:	
<input type="checkbox"/> Add New Authorized Agent <input type="checkbox"/> Add New Contact		Name of New Authorized Agent or Contact:	
<b>PART C SIGNATURE OF NEW AUTHORIZED AGENT OR CONTACT</b>			
Signature of Authorized Agent or Contact:		Date of Signature:	
<b>PART D APPOINTMENT TYPE</b>			
<input type="checkbox"/> Primary Authorized Agent (one per Organization) <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Contact <input type="checkbox"/> Finance			
<b>PART E PLAN</b>			
<input type="checkbox"/> Retirement Plan <input type="checkbox"/> Deferred Compensation Plan <input type="checkbox"/> Health Insurance <input type="checkbox"/> Wellness Program <input type="checkbox"/> Life Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision Insurance <input type="checkbox"/> Long Term Care Insurance <input type="checkbox"/> FlexComp Plan <input type="checkbox"/> Employees Assistance Program			
<b>PART F CONTACT INFORMATION</b>			
Address:		City:	State:
			Zip + 4 Code:
E-Mail Address:		Telephone Number:	FAX Number:
<b>PART G CERTIFICATION BY EXECUTIVE PERSONNEL</b>			
I certify that the above named authorized agent or contact is designated to act in this capacity for this organization.			
_____		_____	
Signature of Executive Personnel/Contracting Authority		Date	
_____			
Position or Title			



**PART A ORGANIZATION IDENTIFICATION**

Name of Organization and NDPERS Organization Id.

**PART B TYPE OF APPOINTMENT**

Indicate the effective date of the appointment or change. Check the box that identifies the type of appointment and list the applicable name of authorized agent or contact.

**PART C SIGNATURE OF AUTHORIZED AGENT OR CONTACT**

Authorized Agent or Contact must sign and date.

**PART D AUTHORIZED AGENT/CONTACT TYPE**

Check the box(es) that identifies the authorized agent or contact type.

**PART E PROGRAM**

Check the NDPERS program(s) the new Authorized Agent or Contact is to represent. Check all boxes that apply and indicate the date when this change is effective.

**PART F CONTACT INFORMATION**

Enter the mailing address, e-mail address, phone number, and fax number to be used by NDPERS. If you have an email address, it is a requirement that you provide it in this section as NDPERS provides information and updates via email. If you do not have an email address, please write "N/A".

**PART G CERTIFICATION BY EXECUTIVE PERSONNEL**

The organization executive personnel/director must sign and date this section for this form to be valid. The executive personnel/director should also indicate their position or title. If the employer is controlled by a contracting authority or group, please note that a signature by a member in this contracting authority or group is required. This signature indicates that the authority or group has voted to approve this appointment.