



REQUEST FOR DEMINIMUS DISTRIBUTION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 52051 (Rev. 01-2014)

52051

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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PART A MEMBER INFORMATION

Name (Last, First, Middle)

NDPERS Member ID

Last Four Digits of Social Security Number

Date of Birth

My provider company is

I hereby request a lump sum distribution of my deferred compensation account without separating from service and acknowledge that I meet the following criteria:

- a) The total value of deferred assets in the program is less than \$5,000;**
- b) I have not contributed to the plan in the preceding two years; and**
- c) I have not previously received a distribution from the plan.**

Participant's Signature

Date

PART B PROVIDER COMPANY AGENT (THIS SECTION TO BE COMPLETED BY YOUR PROVIDER COMPANY AGENT)

This certifies the above participant's deferred compensation aggregate account balance is: \$ _____.

Date

Provider Company

Agent Signature

PART C NDPERS AUTHORIZATION

Approved for the Retirement Board by:

Authorized Agent, North Dakota Deferred Compensation Plan

Date

