



WAIVER OF MEMBERSHIP FOR ELECTED OFFICIALS ONLY
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53405 (Rev. 01-2014)

53405

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

PART A ELECTED OFFICIAL	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Organization Name	NDPERS Organization ID
I hereby acknowledge the following:	
1. I am an ELECTED official of _____, and my present term started _____. The title of the position I was elected to is _____.	
2. I am 18 years or older.	
3. I understand that I can only elect to participate in the North Dakota Public Employees Retirement System within the first six months of my term.	
4. I hereby waive my rights to participate in the North Dakota Public Employees Retirement System and understand I must enroll within the first six months of any new term if I wish to participate in the North Dakota Public Employees Retirement System in the future.	
5. I understand if I join North Dakota Public Employees Retirement System in the future, I cannot draw benefits until I actually terminated my position with the employer.	
_____	_____
Signature of Elected Official	Signature of Authorized Agent
_____	_____
Date of Signature	Date of Signature

