



REQUEST FOR PURCHASE INFORMATION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53718 (Rev. 01-2014)

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

Requests for purchase information will be processed within 60 days of receipt at NDPERS. Member benefit and purchase information is confidential and will be mailed to the address on file at NDPERS for the member.

PART A PARTICIPANT IDENTIFICATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
PART B RETIREMENT PROJECTION	
PROJECTIONS WILL ALWAYS BE BASED ON NORMAL RETIREMENT UNLESS OTHER DATE INDICATED	
Specify Date (Month/Year): _____/1/_____	
PART C SICK LEAVE CONVERSION	
LEAVE BLANK IF PURCHASE OF UNUSED SICK IS NOT DESIRED	
Number of hours of accumulated sick leave _____	
PART D PURCHASE OF SERVICE	
IF YOU ARE INTERESTED IN PURCHASING SERVICE, PLEASE INDICATE DATES OF SERVICE AND WHAT TYPE BELOW	
<input type="checkbox"/> Previous public employer service	From _____ to _____ (dates employed)
<input type="checkbox"/> Federal service	From _____ to _____ (dates employed)
<input type="checkbox"/> Active Military service	From _____ to _____ (dates employed)
<input type="checkbox"/> Past NDPERS service	From _____ to _____ (dates employed)
<input type="checkbox"/> Leave of absence/seasonal	From _____ to _____ (dates employed)
<input type="checkbox"/> Additional/Generic (up to max of 60 months)	_____ months or \$ _____ (for retirement portion of purchase only)
PART E ROLLOVER/TRANSFER PAYMENT INFORMATION	
ONLY COMPLETE THIS SECTION IF YOU INTEND TO USE A ROLLOVER/TRANSFER OF <u>PRE-TAX</u> FUNDS FOR THE PURCHASE	
Type of Account:	
<input type="checkbox"/> 401(a)	<input type="checkbox"/> 401(k)
<input type="checkbox"/> 401(c) Keogh	<input type="checkbox"/> 403(b)
457: <input type="checkbox"/> State of ND	<input type="checkbox"/> Other
<input type="checkbox"/> FERS Thrift Savings Plan	<input type="checkbox"/> Traditional IRA
Optional:	
Estimated Amount of Funds to be Utilized: \$ _____ (for retirement portion of purchase only)	



INSTRUCTIONS

COMPLETE AND SEND TO NDPERS TO RECEIVE A PURCHASE ESTIMATE TO BE COMPLETED BY MEMBER

PART A MEMBER INFORMATION

Provide member information as requested.

PART B RETIREMENT PROJECTION

If you would like a projection of retirement benefits other than Normal Retirement (age 65 or the Rule of 85), please specify the date.

PART C SICK LEAVE CONVERSION

If you are interested in receiving information about converting unused sick leave, indicate the number of hours.

PART D PURCHASE OF SERVICE

Indicate the type of service that you are interested in purchasing.
Indicate the dates or number of months.

PART E ROLLOVER/TRANSFER PAYMENT INFORMATION

If you are interested in transferring/rolling a specific **pre-tax** amount of funds into NDPERS to purchase credit, indicate the type of account. Note: those listed are the only eligible funds that NDPERS can accept.

If known, indicate the estimated dollar amount of funds to be utilized in the purchase.