



**NOTICE OF APPOINTMENT OF DEFERRED COMP SALES REPRESENTATIVE**  
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 SFN 58745 (Rev. 01-2014)

.NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657  
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<b>PART A SALES REPRESENTATIVE INFORMATION</b>		
Name of Provider Company:		
Name of Sales Representative:		
NPN:		
Address:		
City:	State:	Zip Code + 4:
E-Mail Address:		
Telephone Number:	Fax Number:	
Signature of Sales Representative		Date of Signature
<b>PART B TYPE OF APPOINTMENT</b>		
<input type="checkbox"/> Replacement of Sales Representative Previous Representative Name: _____		
<input type="checkbox"/> New Appointment		
<b>PART C CERTIFICATION BY PROVIDER COMPANY CONTACT</b>		
I certify that the above named sales representative is authorized to conduct business as an agent for the State of North Dakota Deferred Compensation Plan.		
_____ Signature of Provider Company Contact		_____ Date
_____ Position or Title		

