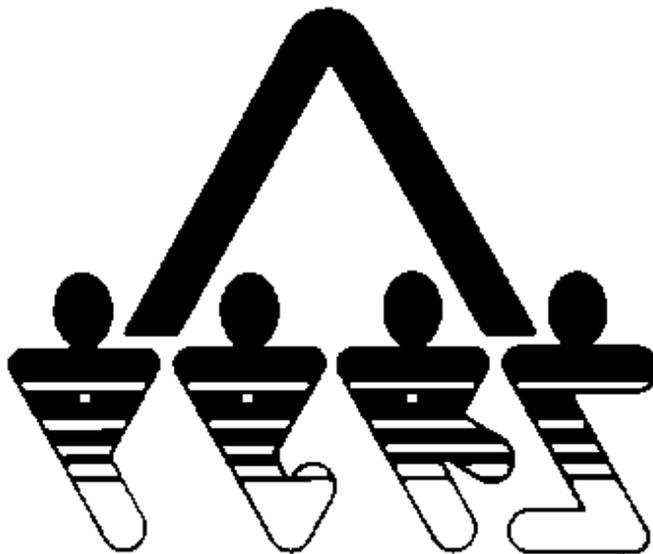


***NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM
DEFERRED COMPENSATION PLAN***



PROVIDER REPRESENTATIVE HANDBOOK

October 2013

Thank you for your interest in the North Dakota Public Employees Deferred Compensation Plan. In order for you to service clients as a deferred compensation provider representative and be included on the list of provider representatives distributed by the NDPERS office to eligible employees, you must satisfy the following requirements:

- 1) You must be an authorized representative of one of the following provider companies:
 - American Trust Center
 - Bank of ND
 - AXA Equitable
 - Mass Mutual
 - Jackson National Life
 - NDPERS Companion Plan
 - Nationwide
 - Waddell & Reed Financial Services
 - Valic
- 2) You must be licensed with the North Dakota State Securities Commissioner for the sale of registered or unregistered securities or the North Dakota State Insurance Commissioner for the sale of insurance contracts or policies or both.
- 3) You must be fully trained to explain various investment options available through the provider, and be able to explain provisions of the deferred compensation program as is found under Section 457 of the Internal Revenue Code.
- 4) You must comply with the provisions of North Dakota Administrative Code 71-04-06. It will be necessary to provide a completed NOTICE OF APPOINTMENT OF DEFERRED COMP SALES REPRESENTATIVE form to NDPERS. This form can be obtained from the NDPERS website at <http://www.nd.gov/ndpers/forms-and-publications/forms/sfn-58745-notice-of-appointment-457-agent.pdf>. Your designated home office representative must sign and return the form to NDPERS.

As an authorized provider representative, you will be expected to complete all required paperwork. To assist you, this handbook includes sample forms and instructions for completion of the forms. Incomplete or incorrect paperwork may be returned, resulting in a delay of deferrals. **Forms must be submitted to NDPERS no later than the 15th of the month after the election is made.**

NDPERS also has a Member Self Service Option (MSS) that will allow the participant to initiate, increase, decrease or suspend deferrals. If this option is utilized by the participant, your company will receive notification of this action along with pertinent contribution amounts. In this event, you will still be responsible to complete all paperwork required by the company you are representing.

If you have any questions, please contact the NDPERS office. As provided in the Provider Administrative Agreement, it is assumed you will receive information and education about Section 457 regulations from your provider company and that you will attend the training sessions required by the NDPERS Board.

Thank you for your interest in the North Dakota Public Employees Deferred Compensation Plan. We look forward to working with you.

Sincerely,

Kathy M. Allen
Authorized Agent
North Dakota Deferred Compensation Plan

**NDPERS DEFERRED COMPENSATION PLAN
PROVIDER REPRESENTATIVE HANDBOOK
TABLE OF CONTENTS**

	<u>PAGE</u>
Introduction Letter.....	1
Form Instructions.....	2
Form Index	3
 <u>ENROLLMENT</u>	
Participation Agreement	4
 <u>TRANSFERS</u>	
Request for Transfer.....	9
 <u>ACCOUNT DISTRIBUTION</u>	
Separation from Employment.....	11
Financial Hardship Application	11
Request for Deminimus Distribution	12
 <u>CATCH-UP DEFERRALS</u>	
Catch-Up Provision.....	14
 <u>REFERENCES</u>	
Rollover/Transfer Request for Service Credit Purchases	18

NDPERS FORMS

NDPERS often gets calls from provider representatives who are not sure what paperwork should be filled out. For monthly deferrals, the preference is that the participant uses our Member Self Service (MSS) online. However, if the participant is resistant to this, the action is not available on MSS or the participant cannot access MSS for any reason, the forms index provided on the following page will provide you with a quick reference for which NDPERS form to use. Please note that if MSS is not used, the necessary NDPERS paperwork must be completed and submitted to the NDPERS office in addition to any paperwork required by the provider company. **You must contact the Provider Company for direction on what forms they require to complete a transaction.**

When using paperwork, always submit all NDPERS forms to the NDPERS office. This step is not necessary if MSS is used.

PROVIDER COMPANY FORMS

If you are submitting paperwork, it will be necessary for you to leave it with the Member Services Representative for signature. Please make an appointment if you need to meet with an authorized agent of the deferred compensation program to ensure a representative is available to serve you.

When submitting provider company paperwork for the authorized agent's signature, be sure to indicate exactly where the authorized agent's signature is required and include instructions as to where the forms are to be returned. If they are to be mailed, please attach a self-addressed return envelope. **If no instructions are provided, the forms will be returned to the home office address on record.**

FORMS INDEX

NDPERS strongly encourages participants to submit 457 elections via the Member Self Service (MSS) portal found on the NDPERS website. However, if paperwork is being utilized, the necessary NDPERS paperwork must be completed and submitted in addition to any paperwork required by a provider company. The following indicates the appropriate form to be used in a variety of situations. All forms are available on the NDPERS website at www.nd.gov/ndpers.

Event

Form

Begin participation in the deferred

457 Deferred Comp program.
Enrollment/Change SFN 3803

Suspend deductions in the
Deferred compensation program.

457 Deferred Comp
Enrollment/Change SFN 3803

Increase/decrease deductions in the
Deferred compensation program.

457 Deferred Comp
Enrollment/Change SFN 3803

Transfer existing deferred compensation funds
to another provider in the NDPERS Deferred
Comp Plan or to another Employer Sponsored 457
Plan. ***(Not available through MSS. Do not forget
to suspend contribution, if applicable.)**

Rollover/Transfer to 457
Deferred Comp Plan
SFN 50177

Participate in the regular 3-year "Catch-Up Provision".
(Not available through MSS)

Catch-Up
Worksheet/Certification
SFN 51501

Apply to NDPERS Board for a Financial
Hardship Distribution. Request form from
NDPERS. **(Not available through MSS)**

Financial Hardship
Application
SFN 16662

Apply for Deminimus Distribution.
(Not available through MSS)

Request for Deminimus
Distribution
SFN 52051

Make up missed contributions for USERRA
Covered Military Active Duty.

457 Deferred Comp
Enrollment/Change SFN 3803

Purchase of service credit in the Defined
Benefit Retirement Plan **(Not available through MSS)**

Rollover/Transfer Request for
Service Credit Purchases SFN
52509

457 DEFERRED COMP ENROLLMENT/CHANGE SFN 3803 (09-2013)

This form is used for all of the following:

1. Enrolling a New Participant
2. Increasing Deductions
3. Decreasing Deductions
4. Address Changes
5. Name Changes
6. Suspending Deductions
7. Change in Provider Companies
8. Age 50+ Catch Up
9. Regular 3-Year Catch Up
10. Change in Agent
11. Change in Participating Employers
12. USERRA Missed Contributions
13. Lump Sum Sick & Annual Leave

PART A

Provide all information as requested.

PART B

Name of provider company must be entered under name of company along with the name and telephone number of the agent in the event there is a question on the application.

PART C

Check all boxes that apply. For box #8, be sure the participant completes an agreement form to suspend deductions to the old company and completes a separate agreement form to set up deductions under the new company.

PART D

This section must be completed if boxes 1, 2, 6, 7, 8, 10 or 11 in Part C are checked.

- A) Enter the amount of estimated gross pay for the year. It is important not to overestimate this amount. It is recommended a participant use their most recent pay stub to provide information requested in this section.
- B) Enter employer retirement contributions made under IRC 414(h), if applicable. If the participant is unsure of this, it may be determined by looking at their W-2 form. W-2 earnings that are reduced by retirement contributions are indicative of a 414(h) arrangement.
- C) Subtract line B from Line A.

**457 ENROLLMENT/CHANGE
SFN 3803 (09-2013)**

- D) Multiply line C times 1.00 and enter the answer here. If this amount exceeds the limit, enter the limit. The following schedule applies to the maximum deferral limit:

	<u>Limit</u>
2013	\$17,500
2014	\$17,500

E) **AGE 50 OR OLDER CATCH-UP**

Participants who attain age 50 or older are allowed to contribute an additional amount into the Plan. A participant is considered age 50 on January 1 of the year age 50 is attained. The amount of the contribution is in addition to the annual applicable limit. If box #6 in Part C is checked, enter the additional catch-up amount subject to the following schedule:

	<u>Limit</u>
2013	\$5,500
2014	\$5,500

This additional catch-up cannot be used if the regular three-year catch-up is in effect.

- F) Total D & E.
- G) Divide line F by the number of pay periods. This is the recommended monthly deferral amount per pay period. Participants may defer more than this amount provided the total annual deferral times the deduction amount does not exceed the annual maximum amount on line D.

PART E

This section must be completed if boxes 1, 2, 6, 7, 8, 10, or 11 in Part C are checked. Provide the total amount to be deferred per pay period and the pay period the deduction is to start. **Authorization for deductions must be made in the month prior to the pay period in which the income is earned.** It is also necessary for the participant to read and initial each statement in this section. Incomplete information in this area of the form may result in the form being returned and a consequent delay in implementing the deduction. Please note that a specific amount must be entered. **Do not enter a percentage of pay.**

**457 DEFERRED COMP ENROLLMENT/CHANGE
SFN 3803 (09-2013)**

PART F

Participant must sign and date the form in the month prior to the pay period in which income is earned. A copy of the form with original signatures must be sent to the NDPERS office for approval. Subject to the proper completion, an authorized agent of the NDPERS Deferred Compensation Plan will sign and date the form. The employer will be notified of the deduction amount by NDPERS through an electronic report.



457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE FORM
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 3803 (Rev. 09-2013)

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

PART A PARTICIPANT INFORMATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Organization Name	NDPERS Organization ID

PART B PROVIDER INFORMATION	
Name of Company (Required)	
Agent Name (Required)	Telephone Number

PART C CHECK ALL THAT APPLY	
<input type="checkbox"/> 1. New Application <input type="checkbox"/> 2. Increase Deduction <input type="checkbox"/> 3. Decrease Deduction <input type="checkbox"/> 4. Suspend Deduction (Includes going from full-time to part-time) <input type="checkbox"/> 5. Change Employer: From: _____ To: _____ <input type="checkbox"/> 6. Age 50 or older: Annual Catch-up <input type="checkbox"/> 7. Regular 3 Year Catch-up –457 Deferred Compensation Catch-up Worksheet Certification SFN 51501 MUST accompany this form <input type="checkbox"/> 8. Provider Change YOU MUST complete 2 Participant Agreement forms: 1. One for the new provider & √ 'New Application' 2. One to stop contributions to old provider & √ 'Suspend Deduction'	<input type="checkbox"/> 9. Change in Agent only (Complete Part A, B & F) <input type="checkbox"/> 10. USERRA Missed Contributions <input type="checkbox"/> 11. Lump sum Sick & Annual Leave (Form due at NDPERS by the 15 th of the month preceding payout date)

PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION Must be completed if you checked 1, 2, 6, 7, 8, 10, or 11 in Part C	
A. Annual Gross Pay	\$ _____
B. Less Employer Retirement Contributions made under a IRC 414(h) arrangement (use most recent pay stub)	\$ _____
C. Includable Compensation (subtract B from A)	\$ _____
D. Maximum Annual Allowable Deduction:	
D 1. Lesser of 100% of Includable Compensation or annual maximum limit (see annual limits on back of form)	
Enter the lesser of D 1 but not less than the minimum annual deduction of \$300.00 (\$25.00) per month	\$ _____
E. Age 50 + catch-up (see annual limits on back of form)	\$ _____
F. Total D + E	\$ _____
G. Pay Period Deduction (F divided by number of pay periods in calendar year)	\$ _____

PART E SALARY REDUCTION AUTHORIZATION. Must be completed if you checked 1, 2, 6, 7, 8, 10, or 11 in Part C	
Authorization for deductions must be made in the month prior to the pay period in which the income is earned.	
I authorize my employer to reduce my salary in the amount of \$ _____ for the pay period beginning date (not date paid) _____.	
(The signature date in Part F must be in the month prior to the pay period date entered here.) (month, day, year)	
With regard to this agreement, the Participant acknowledges the following (read and initial each statement):	
_____	I understand that my salary will be reduced each pay period by the amount authorized above. The deduction can not be changed or stopped without an authorized participant agreement form returned to payroll from NDPERS.
_____	I understand the accumulated deferred salary is credited to my account and is not available to me or my beneficiary(ies) until I separate from service, unless, I should experience an unforeseeable emergency and a distribution is approved by the NDPERS Board. .
_____	I acknowledge that the Retirement Board makes no recommendation as to any provider and understand that the Retirement Board does not warrant or guarantee the investment performance of any provider.
_____	I understand that all compensation deferred under the Plan, and all earnings accruing thereof, shall be held for the exclusive benefit of myself or my Beneficiary, until such time as it is made available to me pursuant to the terms of the Plan.
_____	I understand that this agreement includes the beneficiary forms as executed with and maintained by my provider.

PART F PARTICIPANT AUTHORIZATION	
I verify that the foregoing statements are true and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentations and fraud.	
_____	_____
Participant Authorization	Date
(This date must be in the month prior to the date entered in Part E)	

ANNUAL LIMITS

Annual Limit for 2013: \$17,500
Age 50+ Limit for 2013: \$23,000
Regular 3 Year Catchup: \$35,000

PART A PARTICIPANT INFORMATION

For member identification, please provide all requested information.

PART B PROVIDER INFORMATION

If you check 'New Application in Part C, you must first select and contact one of the eligible providers for the plan. The provider representative you select will assist you in completing the required forms to open an account.

PART C CHECK ALL THAT APPLY

Check the applicable box(s).

PART D CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

The minimum contribution is \$25.00 per month. The maximum regular annual contribution limit is the lesser of 100% of annual compensation or the annual maximum limit indicated above.

PART E SALARY REDUCTION AUTHORIZATION

The IRS regulations require you to make your deferral election in the month prior to the month the salary is earned.

PART F PARTICIPANT AUTHORIZATION

Sign where indicated. If you completed Part E, your signature must be dated in the month prior to the month entered in that section.

ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN

SFN 50177 (12/2011)

(For provider to provider transfers or plan to plan transfers.)

NDPERS can accept a trustee-to-trustee rollover/transfer to the NDPERS 457 Deferred Compensation Plan of pre-tax dollars from another retirement plan eligible under Section 401(a) of the Internal Revenue Code including 401(a) plans, 401(k) plans, 403(b) plans, 457(b) plans, the Federal Employees Retirement System (FERS), and traditional IRA's. For a rollover/transfer payment to be accepted by NDPERS, SFN 50177 must be completed and returned for authorization by NDPERS.

Part A

Employee must enter requested participant data.

Part B

Enter all information regarding the account to be transferred. Verify type of account to be transferred. Check with Provider Representative for any possible charges or fees associated with transferring the funds. FBO (for benefit of) - Enter your name.

Enter all required information regarding the company the funds will be transferred to, including the home office address and telephone number.

Make the check payable to the new provider company. Enter the address and telephone number of the new Provider Company. After PERS signature, the check should be mailed directly to the new company. **Do not request that the check be made out to the State of North Dakota.**

Part C

After a participant has signed and dated the rollover/transfer request, the form must be forwarded to NDPERS for an authorized signature.

Part D

After the NDPERS authorized agent has signed the rollover/transfer form, the original copy will be sent to the provider who holds the funds to be transferred. NDPERS will retain a copy and send a copy to the participant and to the new provider representative.

Pursuant to the administrative agreement held with each provider company, transfer of funds must take place within 30 days from the receipt of notification.

Please note that a rollover/transfer request will not automatically stop deductions to the original provider company. A 457 Enrollment/Change, SFN 3803, must be completed to cease contributions or begin contributions to a new company.



ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 50177 (Rev. 12-2011)

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

The North Dakota Public Employees Deferred Compensation Plan is an eligible plan under Section 457(b) of the Internal Revenue Code. NDPERS may accept an eligible rollover transfer of **pre-tax dollars** from another qualified retirement plan. An eligible retirement plan includes a 401(a) plan, a 401(k) plan, a 403(b) plan, a 457(b) plan, a traditional IRA, or the Federal Employees Retirement System (FERS) Thrift Savings Plan.

PLEASE READ IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS FORM.

PART A MEMBER INFORMATION	
Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Organization Name	NDPERS Organization ID
PART B ROLLOVER/TRANSFER INSTRUCTIONS	
Name and Address of Qualified Plan or Custodian of the qualified retirement plan. (Contact your current agent for any forms they may require for this request). _____ _____ _____	Verify Account Type: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(c) Keogh <input type="checkbox"/> 403(b) <input type="checkbox"/> FERS <input type="checkbox"/> Traditional IRA <input type="checkbox"/> NDPERS 457 <input type="checkbox"/> Other 457 Account Number: _____
Please transfer my account as indicated below: <input type="checkbox"/> Full Value <input type="checkbox"/> _____% <input type="checkbox"/> \$_____	Agent's Name (New Agent)
Make Check Payable To (Company Name)	Telephone Number
Home Office Address	
PART C PARTICIPANT'S AUTHORIZATION	
Signature of Member (Required)	Date of Signature
PART D TO BE COMPLETED BY NDPERS	
<p>In compliance with Section II – I. of the Provider Administrative Agreement, and federal Internal Revenue Code Section 457(e)(16), the NDPERS Retirement Board requests a direct transfer of funds to the company indicated in Part B. This company is an eligible provider under the State of North Dakota Deferred Compensation Plan and agrees to accept the funds being transferred and to serve as the new custodian for this account. The North Dakota Administrative Code stipulates that a request for transfer must be made within 30 days of the receipt of the request for rollover transfer.</p>	
Authorized Agent, North Dakota Deferred Compensation Plan (Required)	Date of Signature

INFORMATION ON REQUESTING A ROLLOVER/TRANSFER
FROM OTHER ELIGIBLE PLANS OR IRA'S

NDPERS can accept a trustee-to-trustee rollover/transfer to the NDPERS 457 Deferred Compensation Plan of pre-tax dollars from another retirement plan eligible under Section 401(a) of the Internal Revenue Code including 401(a), 401(k), 403(b), 457(b), and FERS plans. This also includes traditional IRA's. For a rollover/transfer payment to be accepted by NDPERS, the following conditions must be met:

- Rollovers/Transfers must comply fully with the Internal Revenue Code and applicable Internal Revenue Service regulations.
- SFN 50177 must be completed and returned to NDPERS to process it as an eligible rollover/transfer. If your funds are coming from more than one provider company/plan, then a photocopy of this form should be made for each financial institution. The member will indicate in Part B the amount they are requesting each specific institution to rollover/transfer.
- You must have an established account with a NDPERS 457 Deferred Compensation Plan Provider Company by completing an enrollment document with the Provider.
- NDPERS will forward this form to the plan administrator currently holding the funds. The rollover/transfer check from the eligible plan or IRA must be sent to the Company specified in Part B.
- **If you wish to suspend or change the amount of your contribution to current Provider company, YOU MUST also complete a "457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE FORM SFN 3803".**
- Rollover/transfers cannot be withdrawn unless you terminate employment and are off the payroll of all NDPERS covered employers for a period of one month.

**MEMBERS MAY WISH TO CONTACT A TAX ADVISOR FOR
DETAILED INFORMATION ABOUT ELIGIBLE ROLLOVER DISTRIBUTIONS/TRANSFERS.**

DISTRIBUTIONS

Participants of a 457 plan are allowed to take distribution of their accounts under the following circumstances:

- 1) Upon separation from service.
- 2) Application for unforeseeable emergency hardship distribution if approved.
- 3) Application for Deminimus Distribution if approved.

Separation from Service

Distribution can begin after a 30 day separation from service or it can be deferred to a later date. NDPERS will send a notice to the participant acknowledging termination of employment 30 days after employee termination. The participant will be instructed to contact their provider representative to make arrangements for distribution of the account.

Financial Hardship Application - SFN 16662 (07-2009) (Not available on website, please contact NDPERS office)

According to IRC 457, a financial hardship is defined as an unforeseeable emergency resulting from a sudden and unexpected illness or accident occurring to the participant or one of participant's dependents, loss of participant's property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond participant's control.

In the event your client is in a situation where you feel it is necessary to apply for an unforeseeable emergency distribution, it will be necessary for you to contact the NDPERS office to obtain an application. Application materials must be submitted to the NDPERS office a minimum of ten days prior to a regularly scheduled NDPERS board meeting. Generally, required documentation includes:

- a) Complete details of unforeseeable nature of emergency
- b) Listing of income, assets and liabilities
- c) Supporting documentation
- d) Signature of participant on the application
- e) Listing of other efforts to relieve emergency

The completed application and supporting documentation will be considered by the NDPERS Board to determine whether the request meets IRC requirements for a hardship distribution.

Examples of past applications which did not meet the IRS' definition for an eligible hardship distribution in the past include but are not limited to the following:

- the need to send a child to college
- purchase of a home
- divorce of a participant
- birth of a child
- over-extension of credit
- gambling debt

In addition to filing an application for a hardship distribution, it is also necessary for a participant to cancel deferrals into the program. Subject to approval of the request, the participant must not resume deferrals for at least six months from the date of the approved distribution.

Request for Deminimus Distribution – SFN 52051 (12-2009)

Participants that have not separated from service may apply for a deminimus distribution of their account if: the total value of their deferred compensation assets (including all providers) is less than \$5,000, if the participant has not made any deferrals to the plan in the preceding twenty-four months, and if the participant has not previously received a deminimus distribution from the plan.

Part A

The participant must complete this section in its entirety. Participant's signature should also be provided on the bold black line.

Part B

You, as the provider representative, must complete requested information in this section. You must sign below the box where "Agent Name" is requested.

Participants must complete a request form for each provider company they have an account with at the time.

Part C

A copy of the form with original signatures must be sent to the NDPERS office for approval. Subject to proper completion, an authorized agent of the NDPERS Deferred Compensation Plan will sign and date the form. Upon approval, the original will be sent to the designated provider company for processing. NDPERS will retain a copy and send a copy to the provider representative for their records.



REQUEST FOR DEMINIMUS DISTRIBUTION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 52051 (Rev. 12-2009)

52051

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

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

CATCH-UP PROVISION SFN 51501 (04/2013)

Certain participants may obtain authorization from the NDPERS office to utilize the “catch-up” provision of the plan. Eligibility criteria for the catch-up provision include:

- ▶ Participant must have been eligible for the state’s deferred compensation program, but did not defer the maximum amount allowed in each calendar year of eligibility.
- ▶ Participant is within three calendar years of attaining eligibility for an unreduced retirement benefit which is either age 65 or meeting the Rule of 85, or the participant’s declared retirement date.
- ▶ Participant has not previously utilized the “catch-up provision” at any other time for any other plan.
- ▶ Participant is not utilizing the age 50 or older catch-up option.

The maximum catch-up deferral is the lesser of \$33,000 or as much of the maximum deferral established that has not been used for calendar years beginning after December 31, 1978 through the current calendar year. The annual maximum deferral limits are provided on the back of the Catch-up Worksheet form.

The catch-up provision may be utilized for up to three consecutive years, but may not be used in the year the participant retires. Prior to implementing this provision, the participant must submit the Catch-Up Worksheet Certification to the NDPERS office and receive written approval from the NDPERS authorized agent.

Part A

Complete all information requested. In addition, the participant must declare their “normal retirement age” by specifying the month and year they plan to retire. Age at retirement must fall within the range of ages for normal retirement. Provide “pick-up” information only if applicable. See “C” below for explanation.

**CATCH UP PROVISION
SFN 51501 (04/2013)**

Part B

- A. Beginning with Tax Year 1979, identify the tax year(s) the participant was employed by their current employer but did not contribute the maximum amount participant was eligible to defer.
- B. Gross earnings may be determined from participant's W-2 Form issued by an eligible employer. Only wages paid as an employee of an eligible employer may be considered when determining gross earnings for purposes of the catch-up provision.
- C. If the employer participates in Employer Pick-up (makes contributions to employees' retirement plan with pre-tax dollars) the percentage of pick-up should be placed in column "C" for all years starting with the pick-up year as shown on the worksheet.
- D. Only for years Employer Pick-up applies, multiply the pick-up percentage (column "C") as shown on the worksheet by the column "B" (gross annual salary), and enter the result in column "D".
- E. The Adjusted Gross Annual Salary is determined by subtracting column "D" from column "B" and entering the result in column "E".
- F. Determine the Annual Maximum Deferral according to the following schedule:

<u>Year(s)</u>	<u>Lesser of</u>
1979-1997	25% or \$ 7,500
1998-2000	25% or \$ 8,000
2001	25% or \$ 8,500
2002	100% or \$11,000
2003	100% or \$12,000
2004	100% or \$13,000
2005	100% or \$14,000
2006	100% or \$15,000
2007	100% or \$15,500
2008	100% or \$15,500
2009	100% or \$16,500
2010	100% or \$16,500
2011	100% or \$16,500
2012	100% or \$17,000
2013	100% or \$17,500
2014	100% or \$17,500

- G. Enter any actual amounts deferred for each tax year. This can be determined from a payroll stub or periodic statements issued by the investment firms.
- H. Subtract column "G" from column "F" for each year to determine the under-utilized amount the participant is eligible to catch up.
- I. Add the amounts in column "H".

NOTE: If more space is needed to reflect under-utilization in the plan, use additional forms to provide the necessary information.



457 DEFERRED COMPENSATION CATCH-UP WORKSHEET/CERTIFICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 51501 (Rev. 04-2013)

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

PART A

Name (Last, First, Middle)

NDPERS Member ID

Last Four Digits of Social Security Number

Date of Birth

Plan's Inception Date **January 1, 1979**

Normal Retirement Date (Month/Year)

PART B TO BE COMPLETED BY EMPLOYEE

A. Tax Year	B. Gross Annual Salary	C. Employer Pick-up%	D. Employer Pick-up Amount B x C=D	E. Adjusted Gross Annual Salary B-D=E	F. Annual Maximum Deferral	G. Actual Annual Deferral	H. Under- Utilized Amounts F-G=H
I. Total Under-Utilized Amount: \$ _____							

PART C TO BE COMPLETED BY NDPERS

J. Catch Up Year	K. # of Pay Periods	L. Pay Period (Catch Up)	M. Pay Period (Normal Deferral)	N. Total Pay Period Deferral ***
Total of Column K: _____		*** K x N may not exceed the annual maximum allowable deferral for each catch-up year based on the schedule on the back of this form.		

PART D MEMBER AUTHORIZATION

I certify under penalty of perjury that these facts are true and correct. I understand that it is my responsibility to ensure conformance with all requirements of the Catch Up Provision.

Signature

Date of Signature

WORKSHEET / CERTIFICATION INSTRUCTIONS

PART A

For member identification, please provide all requested information.

In addition, you must establish your "normal retirement age" by specifying the month and year you plan to retire. Your age at retirement must fall within the range of ages for normal retirement. Provide "pick-up" information only if applicable. See "C" below for explanation.

PART B

- A. Beginning with Tax Year 1979, identify the tax year(s) you were employed by your current employer but did not contribute the maximum amount you were eligible to defer after the Plan's inception date.
- B. Your gross earnings may be determined from your W-2 Form issued by your employer. Only wages paid to you as an employee may be considered when determining your gross earnings for purposes of the catch-up provision.
- C. If your employer participates in Employer Pick-up (makes contributions to employees' retirement plan with pre-tax dollars) the percentage of pick-up should be placed in column "C" for all years starting with the pick-up year as shown on the worksheet
- D. Only for years Employer Pick-up applies, multiply the pick-up percentage (column "C") as shown on the worksheet by the column "B" (gross annual salary), and enter the result in column "D".
- E. The Adjusted Gross Annual Salary is determined by subtracting column "D" from Column "B" and entering the result in column "E".
- F. For each tax year reported, determine your adjusted gross annual salary not to exceed the adjusted gross salary schedule indicated below:

<u>Adjusted Gross Salary Schedule</u>				<u>Annual Maximum Allowable Deferral</u>	
1979 – 1997	25%	Not to exceed	\$ 7,500		
1998	25%	Not to exceed	\$ 8,000		
1999 – 2001	25%	Not to exceed	\$ 8,500		
2002	100%	Not to exceed	\$11,000		
2003	100%	Not to exceed	\$12,000	2003	\$24,000
2004	100%	Not to exceed	\$13,000	2004	\$26,000
2005	100%	Not to exceed	\$14,000	2005	\$28,000
2006	100%	Not to exceed	\$15,000	2006	\$30,000
2007	100%	Not to exceed	\$15,500	2007	\$31,000
2008	100%	Not to exceed	\$15,500	2008	\$31,000
2009	100%	Not to exceed	\$16,500	2009	\$33,000
2010	100%	Not to exceed	\$16,500	2010	\$33,000
2011	100%	Not to exceed	\$16,500	2011	\$33,000
2012	100%	Not to exceed	\$17,000	2012	\$34,000
2013	100%	Not to exceed	\$17,500	2013	\$35,000

- G. Enter any actual amounts deferred for each tax year. This can be determined from your payroll stub or periodic statements issued to you by the investment firms. Do not include IRA contributions.
- H. Subtract column "G" from column "F" for each year to determine the under-utilized amount you are eligible to catch up.
- I. Add the amounts in column "H".

NOTE: if more space is needed to reflect under-utilization in the plan, use additional forms to provide the necessary information.

**ROLLOVER/TRANSFER REQUEST FOR SERVICE CREDIT PURCHASES
SFN 52059 (12/2011)**

This form is used for a rollover/transfer of 457 Plan funds for the purchase of service credit in the NDPERS 401(a) Defined Benefit Retirement Plan.

NDPERS service credit may be purchased through a rollover/transfer of pre-tax dollars from another retirement plan eligible under Section 401(a) of the Internal Revenue Code. Please see the back of the form for eligible plans and conditions regarding the acceptance of funds by NDPERS.

Part 1

This section will be completed by NDPERS.

Part 2

This section is completed by the employee requesting the transfer of funds.

Enter the type of account the funds will be transferred from; the Provider Company holding the funds, and the amount of the rollover/transfer being requested. Sign and date the form and provide a daytime telephone number.

Part 3

This section is completed by the Administrator/Representative of the eligible plan or IRA from which the funds are to be transferred.

Enter the name of the plan or custodian of IRA and the amount eligible for rollover/transfer. Enter the telephone number and complete mailing address to which the form is to be sent. As the representative or custodian for the plan, verify the type of plan and confirm the date of the rollover/transfer.

If the rollover/transfer will be from the State of ND 457 Plan, the signature of the Provider Representative is required. Please sign and date the form. Return the completed form to NDPERS for signature of approval.

The approved form will be returned to the Provider Company Representative. The Provider Representative is responsible for ensuring that the form is forwarded to the Provider Company for processing. The rollover/transfer check must be made payable to the North Dakota Public Employees Retirement System, For Benefit Of (Member's name). Return the form with the transfer funds; retain a copy for your records if needed.



ROLLOVER/TRANSFER REQUEST FOR SERVICE CREDIT PURCHASES

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 52059 (Rev. 12-2011)

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

The North Dakota Public Employees Retirement System (NDPERS) is an eligible plan under Section 401(a) of the Internal Revenue Code. NDPERS may accept an eligible rollover distribution/transfer of **pre-tax dollars** from another eligible retirement plan for the purpose of purchasing service credit. An eligible retirement plan includes only a 401(a) plan, a 401(k) plan, a 403(b), a 457, a traditional IRA, the Federal Employees Retirement System (FERS) Thrift Savings Plan, or a 401(c) Keogh plan whose deposit came from a 401(a) or (k). In addition, NDPERS can accept a trustee-to-trustee transfer from a 403 (b) or a 457 Plan. The amount rolled over/transferred to NDPERS cannot exceed the retirement benefit portion of the purchase cost and must be made in a lump sum payment. This form must accompany the rollover/transfer to allow NDPERS to process it as an eligible rollover distribution/transfer.

PLEASE READ IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS FORM.

PART A TO BE COMPLETED BY NDPERS			
Name (Last, First, Middle)		NDPERS Member ID	
Last Four Digits of Social Security Number		Date of Birth	
Type of Service Credit	Number of Months of Credit	Maximum Rollover/Transfer Amount \$	
PART B TO BE COMPLETED BY MEMBER REQUESTING ROLLOVER/TRANSFER			
I request that NDPERS accept my eligible rollover distribution/transfer, not to exceed the retirement benefit portion of the purchase cost. Furthermore, I agree to pay the associated Retiree Health Credit portion of the purchase cost within 30 days of NDPERS receipt of the rollover and prior to the purchase expiration date. I also certify that if this deposit to NDPERS is from a regular rollover distribution/transfer that all required withholding amounts have been withheld from such distribution.			
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"/> FERS Thrift Savings Plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Other 457			
Plan/Provider Company Name:		Amount of Rollover/Transfer from Plan/Provider Company: \$	
Signature of Member (Required)		Date of Signature	Telephone Number
PART C TO BE COMPLETED BY ADMINISTRATOR OF ELIGIBLE RETIREMENT PLAN OR IRA CUSTODIAN			
Name of Qualified Plan or Custodian of Eligible IRA		Total Rollover/Transfer Amount \$	Telephone Number
Mailing Address		City	State Zip Code + 4
Verify Account Type: <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"/> FERS Thrift Savings Plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Other 457			
Date of Rollover/Transfer (Required)			
As administrator of the above-named eligible plan or custodian/trustee of a traditional IRA, I certify that this distribution includes only pre-tax dollars and is an eligible retirement plan that meets the requirements of the IRC.			
Signature of Provider Representative (Required for State of ND 457 Plan only)			Date of Signature
Signature of Plan Administrator (Required)		Title	Date of Signature

**INFORMATION ON REQUESTING A ROLLOVER/TRANSFER
FROM OTHER ELIGIBLE PLANS OR CONDUIT IRA'S
FOR SERVICE CREDIT PURCHASES**

NDPERS service credit may be purchased through a rollover/transfer of pre-tax dollars from another retirement plan eligible under Section 401(a) of the Internal Revenue Code (including 401(k) and 401(c) Keogh plans), as well as 403(b) and 457 plans. This also includes traditional IRA's. In addition, NDPERS can accept a trustee-to-trustee transfer from a 403 (b) or a 457 Plan. For a rollover/transfer payment to be accepted by NDPERS, the following conditions must be met:

- Rollovers/Transfers must comply fully with the Internal Revenue Code and applicable Internal Revenue Service regulations. Rollovers/Transfers from other non-401(a) eligible retirement plans, except 457 or 403(b) plans, will not be accepted since federal regulations currently do not allow such transfers.
- SFN 52059 must be completed and accompany the rollover/transfer check to allow NDPERS to process it as an eligible rollover distribution/transfer. If your funds are coming from more than one provider company/plan, then a photocopy of this form should be made for each financial institution. The member will indicate in Part B the amount they are requesting each specific institution to rollover/transfer.
- The member must contact NDPERS to obtain the cost of the service credit to be purchased. The member must make payment of retiree health insurance credit portion prior to the rollover/transfer being posted to member's account.
- The member must forward this form to the plan administrator currently holding the funds to verify the distribution and that the monies are pre-tax dollars only and are from an eligible plan under the IRC. If the funds are from the State of ND 457 plan, the form must be completed and signed by the 457 Provider Representative in Part C prior to it being sent to NDPERS.
- The rollover/transfer check from the eligible plan or IRA must be made payable to the North Dakota Public Employees Retirement System, For Benefit of (Member's Name).
- NDPERS will only accept rollover/transfer payments that total the amount listed in Part A of this form. Total payment can not exceed this amount. If the payment to NDPERS is in excess of the cost, the rollover/transfer will be rejected in total. If the distribution from the originating institution is less than the total due for the service credit, only a prorated portion (as determined by NDPERS) will be credited. For full credit, a personal check, cashier's check, or installment purchase agreement for the remainder will be required.
- Rollover distributions/transfers used to purchase service credit cannot be withdrawn unless you terminate employment and are off the payroll of all NDPERS covered employers for one month.

**MEMBERS MAY WISH TO CONTACT A TAX ADVISOR FOR
DETAILED INFORMATION ABOUT ELIGIBLE ROLLOVER DISTRIBUTIONS/TRANSFERS.**

RETURN THIS FORM WITH ROLLOVER/TRANSFER FUNDS TO NDPERS AT THE ADDRESS LISTED ON FRONT PAGE.

RETAIN A COPY FOR YOUR RECORDS IF NEEDED.