

**NDPERS 457 DEFERRED COMPENSATION  
PROVIDER AGENT CERTIFICATION FORM**

**PROVIDER AGENT:** \_\_\_\_\_

**NPN (National Producer Number):** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

**Contact Information:**

**EMAIL ADDRESS:** \_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_

**OTHER PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**PROVIDER COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

I certify that I have completed the required newly appointed or reappointed provider agent online webinar, as defined in the provider agency administrative agreement, and will continue to recertify my training every 2 years by completing the mandatory NDPERS provider agent training program. If I fail to recertify within the designated time period, I understand that I may no longer provide services to members affiliated with the NDPERS 457 deferred compensation program.

\_\_\_\_\_  
Provider Agent Signature

\_\_\_\_\_  
Date

**Please return completed form to: [ndpers-info@nd.gov](mailto:ndpers-info@nd.gov)**

**Mailing Address:**

North Dakota Public Employees Retirement System  
400 E Broadway Ave, Suite 505  
PO Box 1657  
Bismarck, ND 58502-1657

Phone: (701) 328-3900

or (800) 803-7377

Fax: (701) 328-3920

E-mail: [ndpers-info@nd.gov](mailto:ndpers-info@nd.gov)