

**NDPERS 457 DEFERRED COMPENSATION
PROVIDER AGENT RECERTIFICATION 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 provider agent online webinar to fulfill the mandatory 2 year NDPERS provider agent training program requirements, as defined in the provider agency administrative agreement. 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

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