

**WAIVER OF MEMBERSHIP FOR ELECTED OFFICIALS ONLY**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53405 (Rev. 04-2008)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

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

PART A ELECTED OFFICIAL

Name (Last, First, Middle)

Social Security Number

Department Name

NDPERS Organization ID

PART B WAIVER AUTHORIZATION

I hereby acknowledge the following:

1. I am an ELECTED official of _____, and my present term started _____. The title of the position I was elected to is _____.
2. I am 18 years or older.
3. I understand that I can only elect to participate in the North Dakota Public Employees Retirement System within the first six months of my term.
4. I hereby waive my rights to participate in the North Dakota Public Employees Retirement System and understand I must enroll within the first six months of any new term if I wish to participate in the North Dakota Public Employees Retirement System in the future.
5. I understand if I join North Dakota Public Employees Retirement System in the future, I cannot draw benefits until I actually terminated my position with the employer.

Signature of Elected Official_____
Signature of Authorized Agent_____
Date of Signature_____
Date of Signature

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