



**NOTICE OF CHANGE-MEMBER DATA RECORD**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 10766 (Rev. 02-2008)

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

<b>PART A MEMBER'S NAME</b>				
Name: (First)		(Mi)	(Last)	(Suffix)
NDPERS Member ID		Last Four Digits of Social Security Number		Date of Birth
Department Name			NDPERS Organization ID	
<b>PART B ADDRESS CHANGE</b>			<b>EFFECTIVE DATE</b>	
Home Address		City	State	Zip Code +4
<b>PART C MARTIAL STATUS CHANGE</b>			<b>EFFECTIVE DATE</b>	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legal Separation <input type="checkbox"/> Widowed, Spouse's Name _____				
<u>COMPLETE APPLICABLE GROUP INSURANCE APPLICATION(S) &amp; DESIGNATION OF BENEFICIARY(IES)</u>				
<b>PART D NAME CHANGE</b>			<b>EFFECTIVE DATE</b>	
Former Name: (Last, First, Mi)				
New Name: (Last, First, Mi)(Your permanent record will be created as indicated in this section)				
<b>PART E TELEPHONE NUMBER CHANGE</b>			<b>EFFECTIVE DATE</b>	
Home Telephone Number		Area Code and Telephone Number:		
Work Telephone Number		Area Code and Telephone Number:		
Cell Phone Number		Area Code and Telephone Number:		
<b>PART F E-MAIL CHANGE</b>			<b>EFFECTIVE DATE</b>	
E-Mail Address:				
<b>PART G CONTACT CHANGE</b>			<b>EFFECTIVE DATE</b>	
Contact Name:		Relationship to Member:		
Same Address as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No, Please indicate			Contact Address:	
Same Telephone as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No, Please indicate			Contact Telephone Number:	
<b>PART H AUTHORIZATION</b>				
To the best of my knowledge and belief, the information that I have provided on this form is correct.				
_____ Signature of Member or Authorized Agent			_____ Date	

## **INSTRUCTIONS**

### **Part A          Member Identification**

Enter member's current name, NDPERS member ID, date of birth, and last four digits of social security number, department name, and NDPERS Organization ID.

### **Part B          Address Change**

Enter effective date.

Enter member's new address.

### **Part C          Name Change**

Enter effective date.

Enter member's former and new name. Use full name, including middle name.

### **Part D          Marital Status Change**

Enter effective date.

In cases of marital status change, it is necessary that the member complete new designations of beneficiary. (Designation for the Group Retirement Plan SFN 2560 and/or Life Insurance Enrollment/Change SFN 53803)

### **Part E          Telephone Number Change**

Enter effective date.

Select category(ies) and enter new telephone number.

### **Part F          E-Mail Change**

Enter effective date.

Enter new e-mail address. (NDPERS only maintains one e-mail address on member's record)

### **Part G          Authorization**

Either the employer's authorized agent or the member must sign SFN 10766 to be valid

***ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS***