



NDPERS/TFFR MEMBERSHIP ELECTION
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 NORTH DAKOTA TEACHERS FUND FOR RETIREMENT
 SFN 52727 (Rev. 12-2009)



NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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TFFR • PO Box 7100 • Bismarck • North Dakota 58502-7100
(701) 328- 9885 • 1-800-952-2970 • Fax 701-328-9897

PART A MEMBER INFORMATION

Name (Last, First, Middle)

NDTFFR Member ID

NDPERS Member ID

Last Four Digits of Social Security Number

Date of Birth

I have been given the opportunity to elect to remain in the Public Employees Retirement System under N.D.C.C. Chapter 54-52 or terminate membership in the Public Employees Retirement System and become a participating member in the Teachers Fund for Retirement under N.D.C.C. Chapter 15-39. I understand that my election is irrevocable and permanent. I have had the opportunity to speak with an attorney and financial planner of my choosing and at my expense, to review N.D.C.C. Chapters 54-52 and 15-39 and the information available from the Public Employees Retirement System and the Teachers Fund for Retirement, and to ask any questions I may have concerning this election. If an election is NOT made within 90 days from the date of hire, you will be transferred to the Teachers Fund for Retirement. Additional contributions will also be required to make up the employee contribution rate.

PART B MEMBER ELECTION (CHOOSE ONE)

☐ I have reviewed and understand each of the above provisions, and hereby elect to remain in the Public Employees Retirement System this _____ day of _____, _____.

☐ I have reviewed and understand each of the above provisions, and hereby elect to terminate my membership in the Public Employees Retirement System and become a member of the Teachers Fund for Retirement this _____ day of _____, _____.

 Member's Signature

 Date of Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Notary Public

PART C SPOUSE MUST COMPLETE THIS SECTION

I am the spouse of the above-named NDPERS member. I have had the opportunity to speak with an attorney and financial planner of my choosing and at my expense, to review N.D.C.C. Chapters 54-52 and 15-39 and the information available from NDPERS and TFFR, and to ask any questions I may have concerning my spouse's election. I have reviewed the above election, and I consent to the election made by my spouse.

DATED this _____ day of _____, _____.

 Spouse's Signature

 Date of Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Notary Public