

**NOTICE OF APPOINTMENT OF AUTHORIZED AGENT OR CONTACT**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 17029 (Rev. 08-2010)NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A ORGANIZATION IDENTIFICATION			
Organization Name:		NDPERS Organization ID:	
PART B APPOINTMENT / CHANGE			
Effective Date:			
<input type="checkbox"/> Replacement Agent/Contact <input type="checkbox"/> Remove Agent/Contact		Previous Agent/Contact Name:	
<input type="checkbox"/> Add New Authorized Agent <input type="checkbox"/> Add New Contact		Name of New Authorized Agent or Contact:	
PART C SIGNATURE OF NEW AUTHORIZED AGENT OR CONTACT			
Signature of Authorized Agent or Contact:		Date of Signature:	
PART D APPOINTMENT TYPE			
<input type="checkbox"/> Primary Authorized Agent (one per Organization) <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Contact <input type="checkbox"/> Finance			
PART E PLAN			
<input type="checkbox"/> Retirement Plan <input type="checkbox"/> Deferred Compensation Plan <input type="checkbox"/> Health Insurance <input type="checkbox"/> Wellness Program <input type="checkbox"/> Life Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision Insurance <input type="checkbox"/> Long Term Care Insurance <input type="checkbox"/> FlexComp Plan <input type="checkbox"/> Employees Assistance Program			
PART F CONTACT INFORMATION			
Address:		City:	State:
			Zip + 4 Code:
E-Mail Address:		Telephone Number:	FAX Number:
PART G CERTIFICATION BY EXECUTIVE PERSONNEL			
I certify that the above named authorized agent or contact is designated to act in this capacity for this organization.			
_____ Signature of Executive Personnel/Contracting Authority		_____ Date	
_____ Position or Title			

PART A ORGANIZATION IDENTIFICATION

Name of Organization and NDPERS Organization Id.

PART B TYPE OF APPOINTMENT

Indicate the effective date of the appointment or change. Check the box that identifies the type of appointment and list the applicable name of authorized agent or contact.

PART C SIGNATURE OF AUTHORIZED AGENT OR CONTACT

Authorized Agent or Contact must sign and date.

PART D AUTHORIZED AGENT/CONTACT TYPE

Check the box(es) that identifies the authorized agent or contact type.

PART E PROGRAM

Check the NDPERS program(s) the new Authorized Agent or Contact is to represent. Check all boxes that apply and indicate the date when this change is effective.

PART F CONTACT INFORMATION

Enter the mailing address, e-mail address, phone number, and fax number to be used by NDPERS. If you have an email address, it is a requirement that you provide it in this section as NDPERS provides information and updates via email. If you do not have an email address, please write "N/A".

PART G CERTIFICATION BY EXECUTIVE PERSONNEL

The organization executive personnel/director must sign and date this section for this form to be valid. The executive personnel/director should also indicate their position or title. If the employer is controlled by a contracting authority or group, please note that a signature by a member in this contracting authority or group is required. This signature indicates that the authority or group has voted to approve this appointment.