



AGREEMENT/WAIVER OF PARTICIPATION FOR OPTIONAL DEFINED CONTRIBUTION RETIREMENT PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 54366 (Rev. 01-2014)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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| PART A EMPLOYEE INFORMATION | |
| Name (Last, First, Middle) | NDPERS Member ID |
| Last 4 digits of Social Security Number | Date of Birth |
| Organization Name | NDPERS Organization ID |
| PART B EMPLOYEE ACKNOWLEDGEMENT | |
| INITIAL ALL BOXES – REQUIRED | |
| | I have elected to participate in the NDPERS Defined Contribution Plan through previous eligible employment. |
| | I am an employee of a participating governmental unit and am filling a position that is not regularly funded or if it is regularly funded, I do not work twenty (20) or more hours a week for more than 20 weeks a year. My services may or may not be limited in duration. |
| | I understand that I can only elect to participate in the NDPERS as a temporary/part-time employee within the first six months of employment or within six months of a change in status from permanent/full time to temporary/part-time. |
| | I understand that upon electing to participate in the NDPERS Defined Contribution Plan as a temporary/part-time employee, I will be obligated to contribute monthly contributions to the plan and do not have access to these funds for any reason while I am employed with the state of North Dakota or a political subdivision. |
| | I acknowledge that the monthly contribution I am obligated to pay is 15.26% of my gross monthly salary and this contribution must be submitted to my payroll officer no later than the 6th working day of the month for the previous month's salary. |
| | I understand that NDPERS will forward the retirement contribution 14.12%% to the Defined Contribution Plan vendor where it will be invested according to the asset allocation that I have selected. The remaining 1.14% retiree health credit portion will remain at NDPERS. |
| | I understand that if I miss a payment of my retirement contribution to NDPERS for any reason other than an approved Leave of Absence, I will have thirty (30) days to bring my account up to date. Failure to do so will result in termination of my eligibility to participate for the remainder of the plan year as a temporary/ part-time employee. |
| | I understand that if I terminate my employment and take a refund of my retirement monies, I will not be allowed to participate in NDPERS through future employment as a temporary/part-time employee. |
| | I acknowledge that I cannot participate as both a temporary employee and a permanent employee. In the event that my employment qualifies me for participation as a full-time permanent employee, I must participate as such. Additional part-time employment cannot be included. |
| PART C AGREEMENT TO PARTICIPATE | |
| IF YOU ELECT TO PARTICIPATE: I understand the statements listed in Part B and certify that I am eligible under NDCC 54-52.6-02.6 to participate in the NDPERS Defined Contribution Plan. I elect to begin participating in the system effective _____. | |
| _____ | _____ |
| Signature of Applicant | Date |
| _____ | _____ |
| Signature of Authorized Agent | Date |
| FOR PERSONS WHO ELECT TO PARTICIPATE, A MEMBERSHIP ENROLLMENT FORM (SFN 2561) AND A DESIGNATION OF BENEFICIARY FORM (SFN 2560) MUST ALSO BE COMPLETED FOR MEMBERSHIP TO BE VALID. | |
| PART D WAIVER OF PARTICIPATION | |
| IF YOU DECLINE TO PARTICIPATE: I understand the statements listed in Part B and certify that I am eligible under NDCC 54-52.6-02.6 to participate in the NDPERS Defined Contribution Plan. I decline to participate. | |
| _____ | _____ |
| Signature of Applicant | Date |



INSTRUCTIONS

PART A: EMPLOYEE INFORMATION

For member identification, please provide all requested information.

PART B: EMPLOYEE ACKNOWLEDGEMENT

Complete the following whether the employee is electing to participate or declining to participate in the Defined Contribution Plan:

The employee must read each paragraph and indicate acknowledgement by initialing all boxes on the left side.

PART C: ELECTION TO PARTICIPATE AGREEMENT

(This section should be completed only if employee wishes to participate in optional Defined Contribution Plan).

1. The Authorized Agent must fill in the effective membership date.
2. The employee must sign and date the form. The employee's signature must reflect the name as entered in Part A.
3. The department's authorized agent must sign and date the form.

If steps 1 through 3 are not completed, the form will be returned. To be valid the form must also be accompanied by a Retirement Membership Application SFN 2561.

PART D: WAIVER OF PARTICIPATION

The employee must sign and date this section only if the temporary employee waives participation in the Defined Contribution Plan.