



WAIVER OF MEMBERSHIP FOR ELECTED OFFICIALS ONLY
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53405 (Rev. 01-2014)

53405

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
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PART A ELECTED OFFICIAL

Name (Last, First, Middle)

NDPERS Member ID

Last Four Digits of Social Security Number

Date of Birth

Organization Name

NDPERS Organization ID

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

