{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: REFUND OR ROLLOVER APPLICATION**

Dear {stdMbrSalutation}:

This is to confirm information previously sent to you regarding your Application for a {quwhen ApplicationType has 0} Direct Rollover{endblock}{quwhen ApplicationType has 1} Refund {endblock} received by NDPERS on {ApplicationReceivedDate}. Your current account balance is {MemberAccountBalance}. The taxable portion of your account is {TaxableMemberAccountBalance} and the non-taxable portion is {Non-taxableMemberAccountBalance}. The non-taxable portion is after-tax employee contributions made to the plan.

{quwhen LetterofAcceptanceNeeded is 0}

The previous notice indicated that we would suspend this application for 6 months if we did not receive the required information in order to process your request. Please note that since your rollover includes the non-taxable portion of your account, NDPERS has not been able to process your request as we require a letter of acceptance from {qu FinancialInstitution}. **The letter of acceptance must indicate that they can accept both the taxable and non-taxable portion of funds.** To date, we have not received this letter of acceptance. Please provide this information to NDPERS so that we may process your request.

{x endblock}

{quwhen ApplicationType has 1}

The previous notice indicated that we would suspend this application for 6 months if we did not receive the required information in order to process your request. If you still wish to apply for this distribution, then {x qu UserFreeText}.

{x endblock}

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division