{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DIRECT ROLLOVER**

Dear {stdMbrSalutation}:

This is to confirm that {rolloveramount} will be mailed to {rollovercompany} on the first business day of next month.

{if IsRothRollverPayment = False}

Of this amount, {rollovertaxableamount} will be taxable upon withdrawal from your qualified account and {rollovernontaxableamount} is non-taxable.{x else}

The following was withheld from your rollover:

Roth Federal Tax {RolledOverFederalTaxAmount}

Roth ND State Tax {RolledOverStateTaxAmount}

{x endif}

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

Sincerely,

NDPERS Benefits Division