{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: ALTERNATE PAYEE RETIREMENT PAYMENT**

Dear {stdMbrSalutation}:

In accordance to the Qualified Domestic Relations Order (QDRO) on file, you elected the {benefitoption} retirement payment option. Your first payment represents {numberofmonths} months of benefits. Your monthly benefit in the amount of {benefitamount}, will be issued on the first working day of each month effective {monthandyearbenefitbegin} and will be subject to the terms outlined in the QDRO.

{x if IsDroTermCertain = “Y” }

If you die before {dateoflastpayment}, any of the remaining payments will be made monthly to your designated primary beneficiary(ies).

{x endblock }

**IN CASE OF DEATH, YOUR PERSONAL REPRESENTATIVE MUST NOTIFY NDPERS AS SOON AS POSSIBLE.**

The benefits listed above may be increased by legislative action. The NDPERS Board reserves the right, at any time, to amend the above computations. In the event of conflict between this document and present or future State Law, the **LAW** will take precedence.

## THIS DOCUMENT SHOULD BE KEPT IN A SAFE PLACE

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

Sincerely,

NDPERS Benefits Division