{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

Dear {stdMbrSalutation}:

Our external auditor, {qu NameofAuditFirm}, is conducting an audit of the North Dakota Public Employees Retirement System Defined {DBPlan} Program. Please review the information below carefully. If there are any discrepancies, please note the correct information on this form. If you have any questions, please call the internal audit division, at 701-328-3900 (toll free number 1-800-803-7377).

**Please sign and return this letter to NDPERS, Attn:**  **Internal Audit Division, PO Box 1657, Bismarck, ND 58502-1657**, using the enclosed stamped self-addressed envelope by **{qu DueDate}. We are required to have this letter returned to us.** Thank you for your cooperation.

Sincerely,

NDPERS Internal Audit Division

**Please review and note any discrepancies:**

{x if Beneficiary is 1}

| **DESCRIPTION** | **CURRENT DATA** | **CORRECT DATA** |
| --- | --- | --- |
| Beneficiary’s Social Security Number (Last 4 digits): | {PayeeSSN} |  |
| Beneficiary’s Date of Birth: | {PayeeDateOfBirth} |  |
| Beneficiary’s Gender: | {PayeeGender} |  |
| Member’s Marital Status: | {PayeeMaritalStatus} |  |
| Gross Amount of Retirement Check (before deductions) on July 1, {qu FiscalYearEnd} : | {qu GrossCheckAmount} |  |
| Health Insurance Deduction on July 1, {qu FiscalYearEnd} : | {HealthPremiumDeduction} |  |
| Member’s Name: | {stdMbrFullName} |  |
| Member’s Social Security Number (Last 4 digits): | {stdMbrLastFourDigitsOfSSN} |  |
| Member's Date of Birth: | {stdMbrDateOfBirth} |  |
| Member’s Retirement Date: | {RetirementDate} |  |
| Member’s Years of Service: | {qu Years} Years  {qu Months} Months |  |

{x endif}

{x if Refund is 2}

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **CURRENT DATA** | **CORRECT DATA** |
| Member's Social Security Number (Last 4 digits): | {stdMbrLastFourDigitsOfSSN} |  |
| Member's Date of Birth: | {MemberDateOfBirth} |  |
| Member's Gender: | {MemberGender} |  |
| Date of Termination: | {TerminationDate} |  |
| Gross Amount of Refund Check  (Before Any Deductions): | {qu GrossCheckAmount} |  |

{x endif}

{x if Retiree is 3}

| **DESCRIPTION** | **CURRENT DATA** | **CORRECT DATA** |
| --- | --- | --- |
| Member’s Social Security Number (Last 4 digits): | {stdMbrLastFourDigitsOfSSN} |  |
| Member’s Date of Birth: | {stdMbrDateOfBirth} |  |
| Member’s Gender: | {MemberGender} |  |
| Member’s Marital Status: | {MemberMaritalStatus} |  |
| Member's Retirement Date: | {RetirementDate} |  |
| Member's Years of Service: | {qu Years} Years {qu Months} Months |  |
| Gross Amount of Retirement Check (before deductions) on July 1,{qu FiscalYearEnd}: | {qu GrossCheckAmount} |  |
| Health Insurance Deduction on July 1, {qu FiscalYearEnd} : | {HealthPremiumDeduction} |  |
| Spouse’s Name: | {SpouseName} |  |
| Spouse’s Social Security Number: | {SpouseSSN} |  |
| Spouse's Date of Birth: | {SpouseDateOfBirth} |  |

{x endif}

The information above is correct unless noted otherwise.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant's Signature |  | Date |