{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 Deferred Compensation 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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider:** | **{qu ProviderName1}** | **{qu ProviderName2}** | **{qu ProviderName3}** |
| Period: | {qu Period1} | {qu Period2} | {qu Period3} |
| Beginning Balance: | {qu BeginningBalance1} | {qu BeginningBalance2} | {qu BeginningBalance3} |
| Contributions for the period: | {qu Contributions1} | {qu Contributions2} | {qu Contributions3} |
| Earnings for the period: | {qu Earnings1} | {qu Earnings2} | {qu Earnings3} |
| Distributions for the period: | {qu Distributions1} | {qu Distributions2} | {qu Distributions3} |
| Ending Balance: | {qu EndingBalance1} | {qu EndingBalance2} | {qu EndingBalance3} |

The information above is correct unless noted otherwise.

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