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| **17029-****{stdOrgCodeId}**   |  |  | | --- | --- | | **{SFNLogo}** | **NOTICE OF APPOINTMENT OF AUTHORIZED AGENT OR CONTACT**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 17029 (Rev. 01-2014)  **{SFNAddress}** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **PART A ORGANIZATION IDENTIFICATION** | | | | | | | | | Organization Name: **{stdOrgName}** | | | | | | NDPERS Organization ID: **{stdOrgCodeId}** | | | **PART B APPOINTMENT / CHANGE** | | | | | | | | | Effective Date: | | | | | | | | | Replacement Agent/Contact  Remove Agent/Contact | Previous Agent/Contact Name: | | | | | | | | Add New Authorized Agent  Add New Contact | Name of New Authorized Agent or Contact: | | | | | | | | **PART C SIGNATURE OF NEW AUTHORIZED AGENT OR CONTACT** | | | | | | | | | Signature of Authorized Agent or Contact: | | | | Date of Signature: | | | | | **PART D APPOINTMENT TYPE** | | | | | | | | | Primary Authorized Agent (one per Organization) Authorized Agent Contact Finance | | | | | | | | | **PART E PLAN** | | | | | | | | | Retirement Plan  Deferred Compensation Plan  Health Insurance  Wellness Program  Life Insurance  Dental Insurance Vision Insurance  Long Term CareInsurance  FlexComp Plan  Employees Assistance Program | | | | | | | | | **PART F CONTACT INFORMATION** | | | | | | | | | Address: | | City: | | | State: | | Zip + 4 Code: | | E-Mail Address: | | | Telephone Number: | | | | FAX Number: | | **PART G CERTIFICATION BY EXECUTIVE PERSONNEL** | | | | | | | | | I certify that the above named authorized agent or contact is designated to act in this capacity for this organization.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Executive Personnel/Contracting Authority Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position or Title | | | | | | | | |

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| NOTICE OF APPOINTMENT OF AUTHORIZED AGENT OR CONTACT  SFN 17029 (Rev. 01-2014) Page 2  **PART A ORGANIZATION INDENTIFICATION**  Name of Organization and NDPERS Organization Id.  **PART B TYPE OF APPOINTMENT**  Indicate the effective date of the appointment or change. Check the box that identifies the type of appointment and list the applicable name of authorized agent or contact.  **PART C SIGNATURE OF AUTHORIZED AGENT OR CONTACT**  Authorized Agent or Contact must sign and date.  **PART D AUTHORIZED AGENT/CONTACT TYPE**  Check the box(es) that identifies the authorized agent or contact type.  **PART E PROGRAM**  Check the NDPERS program(s) the new Authorized Agent or Contact is to represent. Check all boxes that apply and indicate the date when this change is effective.  **PART F CONTACT INFORMATION**  Enter the mailing address, e-mail address, phone number, and fax number to be used by NDPERS. If you have an email address, it is a requirement that you provide it in this section as NDPERS provides information and updates via email. If you do not have an email address, please write “N/A”.  **PART G CERTIFICATION BY EXECUTIVE PERSONNEL**  The organization executive personnel/director must sign and date this section for this form to be valid. The executive personnel/director should also indicate their position or title. If the employer is controlled by a contracting authority or group, please note that a signature by a member in this contracting authority or group is required. This signature indicates that the authority or group has voted to approve this appointment. |