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| **52170-****{stdMbrPERSLinkID}**   |  |  | | --- | --- | | {SFNLogo} | **DEFINED CONTRIBUTION RETIREMENT PROGRAM ELECTION**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 52170 (Rev. 01-2014)  {SFNAddress} |  |  |  |  | | --- | --- | --- | | **PART A MEMBER INFORMATION** | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | NDPERS Member ID **{stdMbrPERSLinkID}** | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | Date of Birth **{stdMbrDateOfBirth}** | | I have been given the opportunity to elect to remain in the defined benefit retirement program under N.D.C.C. Chapter 54-52 or terminate membership in the defined benefit retirement program and become a participating member in the defined contribution retirement program under N.D.C.C. Chapter 54-52.6. If I elect to transfer to the defined contribution program, I understand my election is irrevocable and permanent. I will be unable to rejoin the defined benefit retirement program even if I later become employed in a position which would be ineligible for the defined contribution program [except if I become a member of the highway patrol, become employed in a position subject to teachers’ fund for retirement membership, or become an employee of the board of higher education or state institution under the jurisdiction of the board who is eligible to participate in an alternative retirement program established under subsection 13 of section 15-10-17]. Further, if I elect to transfer to the defined contribution program, I voluntarily waive all of my rights to a pension, annuity, retirement allowance, insurance benefit, disability benefit, dual service or any other benefit under the N.D.C.C. Chapter 54-52 defined benefit retirement program. I have had the opportunity to speak with an attorney and financial planner of my choosing at myexpense, and to review N.D.C.C. Chapters 54-52 and 54-52.6 and the information available from NDPERS, and to ask any questions I may have concerning this election.  I further understand that under the N.D.C.C. Chapter 54-52.6 defined contribution retirement program, I will be responsible to direct the investment of any transferred fund balance as well as future retirement contributions. I will be solely responsible for the investment results for my fund balance. NDPERS and its governing board will not be liable for any election or investment decision I make based upon information provided to me pursuant to N.D.C.C. Chapter 54-52.6. | | | | **PART B EMPLOYEE ELECTION - Choose one of the following elections** | | | | I have reviewed and understand each of the above provisions, and hereby elect to remain in the defined benefit retirement program this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month), \_\_\_\_\_\_\_\_(Year).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Signature | I have reviewed and understand each of the above provisions, and hereby elect to terminate my membership in the defined benefit retirement program and transfer to the defined contribution retirement program this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (Month), \_\_\_\_\_\_\_\_ (Year).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Signature | | | **PART C SPOUSAL CONSENT – If you are married, your spouse MUST complete this section** | | | | I am the spouse of the above-named NDPERS member. I have had the opportunity to speak with an attorney and financial planner of my choosing at my expense, and to review N.D.C.C. chapters 54-52 and 54-52.6 and the information available from NDPERS, and to ask any questions I may have concerning my spouse's election. I have reviewed the above election, and I consent to the election made by my spouse. DATED this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month), \_\_\_\_\_\_\_\_(Year)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Spouse Signature | | | |

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| DEFINED CONTRIBUTION RETIREMENT PROGRAM ELECTION  SFN 52170 (Rev. 01-2014) Page 2  **INSTRUCTIONS**  **PART A MEMBER INFORMATION:**   * For member identification, please provide all requested information. * Member should review the eligibility statement.   **PART B EMPLOYEE ELECTION:**   * Member must select which plan they elect to participate in.   **PART C SPOUSAL CONSENT (If married):**   * Spouse must sign form.   **If the Defined Contribution Retirement Program Election SFN 52170 is not executed properly, member will remain in the Defined Benefit Hybrid Retirement plan contained in N.D.C.C. Chapter 54-52.** |