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| **53963-****{stdMbrPERSLinkID}**     |  |  | | --- | --- | | {SFNLogo} | **RETIREMENT BENEFIT CALCULATION ELECTION FOR DUAL MEMBERS**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  NORTH DAKOTA TEACHERS’ FUND FOR RETIREMENT (225)  SFN 53963 (Rev. 01-2014)  {SFNAddress} |   **TFFR • PO Box 7100 • Bismarck, • North Dakota 58502-7100**  **(701) 328-9885 • 1-800-952-2970 • Fax 701-328-9897 ● www.nd.gov/rio**   |  |  |  | | --- | --- | --- | | PART A MEMBER INFORMATION | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | NDTFFR Member Id | | NDPERS Member Id **{stdMbrPERSLinkID}** | | **PART B MEMBER ELECTION** | | | | I have been given the opportunity to elect to have benefits calculated using one of two methods under N.D.C.C. Chapters 54-52-17.2 and 15-39.1-10.3. I understand that my election applies to both retirement systems and is irrevocable and permanent. I have had the opportunity to speak with an attorney and financial planner of my choosing and at my expense, to review N.D.C.C. Chapters 54-52-17.2 and 15-39.1-10.3, review information and benefit estimates available from the North Dakota Public Employees Retirement System (NDPERS) and the ND Teachers Fund for Retirement (TFFR), and to ask any questions I may have concerning this election. I understand that this election must be made prior to disbursement of any retirement benefits. | | | | **Method #1**  NDPERS and TFFR will each use its final average salary formula and all the service credit earned in its system. | **Method #2**  NDPERS and TFFR will combine salaries to compute a member’s final average salary. The retirement service credit recognized cannot exceed one year in any fiscal year. If overlapped service credit occurs, only one of the retirement systems will recognize the credit. | | | I have reviewed and understand the above provisions, and hereby elect the following method to calculate my monthly retirement benefit from NDPERS and from TFFR:    **Check One:** Method #1 Method #2  Member’s Signature Date | | | | **PART C NOTARY PUBLIC** | | | | SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.  S  E Notary Public  A Residing at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  L My Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |