{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: APPLICATION FOR REFUND/ROLLOVER**

Dear {stdMbrSalutation}:

According to our records, we are missing information necessary to process your application for {BenefitType}. In order to avoid a delay of your benefit payment, please send us the following information no later than {qu FormReturnDate}:

{x quwhen InformationNeeded has 0}

* Complete Part A Participant Information.

{endblock}{x quwhen InformationNeeded has 1}

* Complete Part B for specific plan(s) or mark “**All Defined Benefit Plans**”

{endblock}{x quwhen InformationNeeded has 2}

* Complete Part D for a Refund and/or Part E for Rollover to confirm method of payment. If you have a partial rollover or only taxable funds rolled over, Part D must be completed.

{endblock}{x quwhen InformationNeeded has 3}

* Complete Part D to confirm banking institution name; including routing number, confirm checking of savings, and verify account number.

{endblock}{x quwhen InformationNeeded has 4}

* Complete Part E to confirm rollover institution, rollover account number, and full mailing address of rollover company.

{endblock}{x quwhen InformationNeeded has 5}

* Complete Part E to confirm “**All Taxable Income**” will be rolled over. Any non-taxable portion will be paid directly to you. Complete your rollover institution in Part E and complete your banking information in Part D.

{endblock}{x quwhen InformationNeeded has 6}

* Complete Part E to confirm ”**All Taxable & Non-Taxable Income**” will be rolled over. A letter of acceptance is required from your financial institution to confirm both taxable and non-taxable income will be accepted. Please obtain a letter of acceptance from your rollover institution entered in Part E and return to the NDPERS office.

As an alternative, you may elect to only rollover your taxable income by electing “**All Taxable Income.**” Your taxable income will be rolled over and any non-taxable income will be paid directly to you. Complete your rollover institution in Part E and complete your banking information in Part D.

{endblock}{x quwhen InformationNeeded has 7}

* Complete Part F by marking “Defined Contribution Plan”

{endblock}{x quwhen InformationNeeded has 8}

* Complete an Empower Distribution Form and return to NDPERS. You may contact Empower at 866-816-4400.

{endblock}{x quwhen InformationNeeded has 9}

* Complete the enclosed Application for Refund or Direct Rollover SFN 53879

{endblock}{x quwhen InformationNeeded has 10}

* Sign and date Part G. Return both page 1 and 2 to NDPERS.

{endblock}

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division

{quif InformationNeeded in 9}

{tmp SFN-53879}

{endif}