{stdlongdate} Member ID: {BenePERSLinkID}

{BeneFullName}

{BeneAdrCorStreet1}

{x BeneAdrCorStreet2}

{BeneAdrCorCity} {BeneAdrCorState} {BeneAdrCorZip}

**RE: AUTOMATIC REFUND CONFIRMED** **{deceasedNamecaps} (DECEASED)** **{deceasedPERSLinkID}**

Dear {BeneSalutation}:

NDPERS has contacted you previously regarding the death and retirement account of {deceasedName}. To date, we have not received a response from you. Since {deceasedName}'s member account balance is less than $1,000.00, we are required to issue an automatic refund of the account balance to the named beneficiaries.

Notice of this distribution must be provided at least 30 days in advance. This office processes payments on the first business day of each month; therefore, your payment will be mailed on {FirstPaymentDate}.

If you wish to have this distribution rolled over into an Inherited IRA, you must complete the Statement of Beneficiary SFN 51702 you were previously provided. This form must be completed and submitted to NDPERS by the 15th of the month prior to your scheduled distribution date.

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

Sincerely,

NDPERS Benefits Division