{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DESIGNATION OF BENEFICIARY**

Dear {stdMbrSalutation}:

NDPERS has received your Designation of Beneficiary form. We are returning the form and request you complete the necessary sections as indicated below:

{x quwhen DesignationBeneficiaryInfo has “0”}

* Signature and Date

{x endblock}

{x quwhen DesignationBeneficiaryInfo has “1”}

* Specify the percentage of shares for each beneficiary

{x endblock}

{x quwhen DesignationBeneficiaryInfo has “2”}

* Provide the beneficiary Social Security number(s)

{x endblock}

{x quwhen DesignationBeneficiaryInfo has “3”}

* Provide the beneficiary birth date(s)

{x endblock}

{x quwhen DesignationBeneficiaryInfo has “4”}

* Others

{x endblock}

Upon completion, return the form in the enclosed envelope at your earliest convenience.

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

Sincerely,

NDPERS Benefits Division

Enclosure – Designation of Beneficiary for Group Retirement Plan SFN-2560

Envelope

{tmp SFN-2560}