{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: FORM REQUEST**

Dear {stdOCSalutation}:

As requested, enclosed is:

{x quwhen applicableform/publication has “0”}

* Notice of Change SFN-10766

{x endblock}

{x quwhen applicableform/publication has “1”}

* IBS SFN-16789

{x endblock}

{x quwhen applicableform/publication has “2”}

* Designation of Beneficiary for Group Retirement Plan SFN-2560

{x endblock}

{x quwhen applicableform/publication has “3”}

* Notice of Status or Employment Change SFN-53611

{x endblock}

{x quwhen applicableform/publication has “4”}

* Life Insurance Designation of Beneficiary Change SFN-53855

{x endblock}

{x quwhen applicableform/publication has “5”}

* NDPERS Member Data Record SFN-58744

{x endblock}

Please complete and return the forms by {qu returnDueDate}.

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

Sincerely,

NDPERS Benefits Division

Enclosure

{quif applicableform/publication in 0}

{tmp SFN-10766}

{endif}

{quif applicableform/publication in 1}

{tmp SFN-16789}

{endif}

{quif applicableform/publication in 2}

{tmp SFN-02560}

{endif}

{quif applicableform/publication in 3}

{tmp SFN-53611}

{endif}

{quif applicableform/publication in 4}

{tmp SFN-53855}

{endif}

{quif applicableform/publication in 5}

{tmp SFN-58744}

{endif}