{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DEFERRED COMPENSATION PARTICIPANT AGREEMENT**

Dear {stdMbrSalutation}:

Enclosed you will find the Participant Agreement; form SFN 3803, that you had completed to authorize the reduction in salary for contribution to the deferred compensation plan. The agent name given on the form is not an eligible representative for {DefCompProviderName} under the NDPERS Provider Agreement requirements.

If you will have your account assigned to another agent for { DefCompProviderName}, NDPERS will approve the authorization form. We have enclosed a NDPERS Provider Company Sales Representative List for your reference.

Since the authorization was completed for the pay period beginning on {qu PayrollDate}, if the form is returned to PERS by {qu ReturnByDate}, we will still be able to process the form. Enclosed is a return envelope for your convenience in returning the form.

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

Sincerely,

NDPERS Benefits Division