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| **52051-****{stdMbrPERSLinkID}**     |  |  | | --- | --- | | {SFNLogo} | **REQUEST FOR DEMINIMUS DISTRIBUTION**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 52051 (Rev. 01-2014)  {SFNAddress} |  |  |  |  |  | | --- | --- | --- | --- | | **PART A MEMBER INFORMATION** | | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | NDPERS Member ID **{stdMbrPERSLinkID}** | | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | Date of Birth **{stdMbrDateOfBirth}** | | | My provider company is | | | | | **I hereby request a lump sum distribution of my deferred compensation account without separating from service and acknowledge that I meet the following criteria:**  **a) The total value of deferred assets in the program is less than $5,000;**  **b) I have not contributed to the plan in the preceding two years; and**  **c) I have not previously received a distribution from the plan.**  Participant’s Signature Date | | | | | **PART B PROVIDER COMPANY AGENT (THIS SECTION TO BE COMPLETED BY YOUR PROVIDER COMPANY AGENT)** | | | | | This certifies the above participant’s deferred compensation aggregate account balance is: $ \_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_ | | | Date | | Provider Company | Agent Signature | | | | PART C NDPERS AUTHORIZATION | | | | | | Approved for the Retirement Board by: Authorized Agent, North Dakota Deferred Compensation Plan Date | | | | | |