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| {SFNLogo} | **52254-****{stdMbrPERSLinkID}** |
| **APPLICATION FOR SURVIVING SPOUSE BENEFITS** |
| NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM |
| SFN 52254 (Rev. 09-2022)  **{SFNAddress}** |

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| **PART A DECEASED PARTICIPANT IDENTIFICATION** | | | | | | |
| Name {DeceasedName} | | | | NDPERS Member ID {DeceasedMemberID} | | |
| Last Four Digits of Social Security Number {DeceasedSSN} | | | | Date of Birth (mm/dd/yyyy) {DeceasedDateOfBirth} | | |
| **PART B SURVIVING SPOUSE INFORMATION** | | | | | | |
| Name (Last, First, Middle) | | | | NDPERS ID | | |
| Last Four Digits of Social Security Number | Date of Birth (mm/dd/yyyy) | | | Daytime Telephone Number | | |
| Preferred Email Address | | | | | | |
| Mailing Address | City | | | State | | ZIP Code |
| **PART C APPLICATION FOR SURVIVING SPOUSE BENEFITS** | | | | | | |
| **RETIREMENT PAYMENT OPTION (Check One)** | | | | | | |
| **DEFINED BENEFIT PLAN** | | **DEFINED CONTRIBUTION PLAN** | | | | |
| **Lump Sum Payment (*Choose Option 1 or 2 below*)**  **Option 1 – Direct Rollover, Complete Part D & G**     **Option 2 – Refund, Complete Part E & G**  - 20% Federal income tax will be withheld unless you   designate a higher amount by submitting Form W-4R.   - ND tax will automatically be withheld unless marked below:  DO NOT Withhold ND State Income Tax  **Lifetime Payment, Complete Part E, F & G** | | Deferred Retirement  Lump Sum (Refund/Rollover)  Periodic/Monthly Payments   |  | | --- | | Date Beneficiary Benefits Begin |   **A TIAA Distribution Form MUST be completed and submitted with this form** | | | | |
| **PART D APPLICATION FOR DIRECT ROLLOVER-DEFINED BENEFIT PLAN ONLY** | | | | | | |
| **Please have a letter of acceptance forwarded to NDPERS from the financial institution. If any portion of your rollover includes non-taxable income, then the letter of acceptance is required before your request will be processed.** | | | | | | |
| Make Check Payable to (Rollover Institution) | | | Surviving Spouse’s Account Number with Rollover Institution (If available) | | | |
| Mailing Address of Rollover Institution | | | City | | State | ZIP Code |
| Portion to be Rolled Over: (If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated financial institution and mail any non-taxable income directly to you.)  All of my taxable income All of my taxable & non-taxable income  \_\_\_\_\_% of my Account $\_\_\_\_\_\_\_\_\_\_\_of my Account | | | | | | |
| My NDPERS benefits are being rolled into (choose one)  Employer Sponsored Plan Traditional IRA  Roth IRA | | | | | | |
| |  |  | | --- | --- | | **PART E FINANCIAL INSTITUTION INFORMATION**  I authorize the North Dakota Public Employees Retirement System (NDPERS), third party administrators (TPAs), and the  financial institution named on this form to initiate electronic fund transfer (EFT) of my retirement benefit(s) into my account as indicated below. I consent to the financial institution sharing my customer information with NDPERS and TPAs for the  purpose of completing the EFT arrangement.  I authorize NDPERS and/or TPA to initiate, a reversal or debit entry for all or any portion of any credit entry made in error to my designated account, including but not limited to amounts transferred after my death. If the funds remaining in the  designated account are insufficient to fully reimburse NDPERS or TPA for any credit entry made in error subsequent to my  death, I authorize my financial institution to release to NDPERS or TPA any information in its possession regarding the  manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error.  I authorize my financial institution to notify NDPERS or TPA of my death. This authorization will remain in effect until I notify NDPERS or TPA in writing to cancel it in such time as to afford NDPERS or TPA a reasonable opportunity to act on it. I understand this form is due back in the NDPERS Office by the 15th of the month prior to the month I want to begin my direct deposit. I agree to the terms listed on this authorization.  Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible. NDPERS is not responsible for delayed payments. | | | Financial Institution Name | Financial Institution Routing Number | | Telephone Number | | |  |  | | Type of Account & Account Number  Checking Account Number   |  | | --- | |  | | Savings Account Number   |  | | --- | |  | | | Attach a Voided Check Here for Checking Account (Optional).  Deposit slips will not be accepted. | | | | | | | | |
| **PART F TAX WITHHOLDING FOR SURVIVING SPOUSE LIFETIME PAYMENTS - DEFINED BENEFIT PLAN** | | | | | | |
| |  |  | | --- | --- | | Your taxable payments are subject to Federal and North Dakota state income tax. You must submit Form W-4P.  - ND income tax must be designated below:  Withhold ND Income Tax in the amount of $ \_\_\_\_\_\_\_\_\_\_\_ per monthly payment. | | | **Part G SURVIVING SPOUSE AUTHORIZATION** | | | **I elect to receive the retirement benefits as indicated in PART C. I understand I must submit a photocopy of my birth certificate, spouse’s birth certificate, marriage certificate, and a certified copy of the member’s Certificate of Death prior to any payment being issued.** | | | Surviving Spouse’s Signature (Electronic Signatures will not be accepted) | Date | | | | | | | |

**YOU MUST SIGN AND DATE PART G TO VALIDATE THIS FORM**

**Part A Deceased Participant Identification**

For member identification, please provide all requested information.

**Part B Surviving Spouse Information**

For surviving spouse identification, please provide all requested information.

**Part C Application for Surviving Spouse Benefits**

If the deceased member participated in the Defined Benefit Plan, you complete the left side of Part C. If the deceased member participated in the Defined Contribution Plan, you complete the right side of Part C.

*Defined Benefit Plan:*

If you are electing the lump sum payment option and are rolling over all or a portion of your beneficiary payment(s), you must also complete Part D. If you are not rolling over your beneficiary payment(s) or you have elected to receive a life-time payment, skip Part D.

If you are electing a lump sum refund, 20% Federal income tax will be automatically withheld from the taxable portion of your refund unless you designate a higher amount by submitting IRS Form W-4R. ND income tax, at the rate of 3.92%, will automatically be withheld unless indicated. You must complete Part E for direct deposit of your payment.

*Defined Contribution Plan:*

Regardless of the option you select to receive your beneficiary payment, you must also complete a “TIAA Distribution Form”.

**Part D Application for Direct Rollover – DEFINED BENEFIT PLAN ONLY**

This section is to be completed ONLY if the deceased member participated in the Defined Benefit Plan and you are rolling over all or a portion of your beneficiary payment(s).

If the deceased member participated in the Defined Contribution Plan, application for roll over is on the “TIAA Distribution Form”.

**Part E Financial Institution Information for Refund or for Surviving Spouse Lifetime Payments**If you are receiving a one-time refund or a surviving spouse lifetime payment, enter the routing number of your financial institution. Then, select the type of account where your funds will be deposited. You may attach a voided check if you would like to deposit your funds in a checking account.

For surviving spouse lifetime benefit payments, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System. Immediate credit will be given the first working day of each month through your correspondent bank account at the Bank of North Dakota.

**Part F Tax Withholding for Surviving Spouse Lifetime Payments – DEFINED BENEFIT PLAN ONLY**

The W-4P is to be completed ONLY if you are eligible for an ongoing lifetime monthly beneficiary payment.

Your benefits from NDPERS are subject to federal and North Dakota income tax withholding. Use the Form W-4P to inform NDPERS of your income tax withholding election. You are responsible for reviewing and adjusting, if necessary, the amount withheld for federal and state taxes each calendar year.

**Part G Surviving Spouse Authorization**

You must provide a legible photocopy of your birth certificate, your spouse’s birth certificate, marriage certificate, and a certified copy of the member’s Certificate of Death.

YOU MUST SIGN AND DATE PART G TO VALIDATE THIS FORM.

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