**53718-****{stdMbrPERSLinkID}**



**REQUEST FOR PURCHASE INFORMATION**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53718 (Rev. 01-2014)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

Requests for purchase information will be processed within 60 days of receipt at NDPERS. Member benefit and purchase information is confidential and will be mailed to the address on file at NDPERS for the member.

|  |  |
| --- | --- |
| PART A PARTICIPANT IDENTIFICATION | |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | NDPERS Member ID {stdMbrPERSLinkID} |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | Date of Birth {stdMbrDateOfBirth} |
| **PART B RETIREMENT PROJECTION** | |
| PROJECTIONS WILL ALWAYS BE BASED ON NORMAL RETIREMENT UNLESS OTHER DATE INDICATED | |
| Specify Date (Month/Year): \_\_\_\_\_\_\_\_/1/\_\_\_\_\_\_\_\_ | |
| **PART C SICK LEAVE CONVERSION** | |
| LEAVE BLANK IF PURCHASE OF UNUSED SICK IS NOT DESIRED | |
| Number of hours of accumulated sick leave | |
| **PART D PURCHASE OF SERVICE** | |
| IF YOU ARE INTERESTED IN PURCHASING SERVICE, PLEASE INDICATE DATES OF SERVICE AND WHAT TYPE BELOW | |
| Previous public employer service From to (dates employed)  Federal service From to (dates employed)  Active Military service From to (dates employed)  Past NDPERS service From to (dates employed)  Leave of absence/seasonal From to (dates employed)  Additional/Generic (up to max of 60 months) \_\_ months or $ (for retirement portion of purchase only) | |
| **PART E ROLLOVER/TRANSFER PAYMENT INFORMATION** | |
| ONLY COMPLETE THIS SECTION IF YOU INTEND TO USE A ROLLOVER/TRANSFER OF PRE-TAX FUNDS FOR THE PURCHASE | |
| Type of Account:  401(a) 401(k) 401(c) Keogh 403(b) 457:  State of ND  Other  FERS Thrift Savings Plan Traditional IRA | |
| Optional:  Estimated Amount of Funds to be Utilized: $ (for retirement portion of purchase only) | |



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**INSTRUCTIONS**

**COMPLETE AND SEND TO NDPERS TO RECEIVE A PURCHASE ESTIMATE**

**TO BE COMPLETED BY MEMBER**

**PART A MEMBER INFORMATION**

Provide member information as requested.

**PART B RETIREMENT PROJECTION**

If you would like a projection of retirement benefits other than Normal Retirement (age 65 or the Rule of 85), please specify the date.

**PART C SICK LEAVE CONVERSION**

If you are interested in receiving information about converting unused sick leave, indicate the number of hours.

**PART D PURCHASE OF SERVICE**

Indicate the type of service that you are interested in purchasing.

Indicate the dates or number of months.

**PART E ROLLOVER/TRANSFER PAYMENT INFORMATION**

If you are interested in transferring/rolling a specific **pre-tax** amount of funds into NDPERS to purchase credit, indicate the type of account. Note: those listed are the only eligible funds that NDPERS can accept.

If known, indicate the estimated dollar amount of funds to be utilized in the purchase.