**53837-****{stdMbrPERSLinkID}**



**APPLICATION FOR JOB SERVICE RETIREMENT BENEFITS**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53837 (Rev. 01-2014)

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

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

|  |  |
| --- | --- |
| 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} |
| Organization Name {stdCurrentEmployerOrgName} | NDPERS Organization ID {stdCurrentEmployerOrgCodeID} |
| **PART B APPLICATION FOR RETIREMENT BENEFITS** | |
| Date Retirement Benefits Begin (Month / Year) \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | |
| **PART C RETIREMENT DATES** | |
| Normal Retirement (Age 65) | |
| Optional Retirement  Age 62 w/5 yrs service credit  Age 60 w/20 yrs service credit  Age 55 w/30 yrs service credit | |
| Early Retirement  5 yrs service credit  20 yrs service credit  30 yrs service credit | |
| **PART D RETIREMENT PAYMENT OPTIONS (Check One)** | |
| Straight Life Base Annuity  Life Annuity Guarantee  120 – Months  180 – Month  240 – Months  Life Annuity Continuing With Contingent Annuitant  55%  75%  100%  Straight Life Annuity With Uniform Income  Life Annuity Guarantee With Uniform Income  120 – Months  180 – Months  240 – Months  Life Annuity With Contingent Annuitant And Uniform Income  55%  75%  100% | |
| **PART E SICK LEAVE** | |
| Number of Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PART F AUTHORIZATION** | |
| I elect to receive the retirement benefits as indicated in PART D. I understand I must submit a photocopy of my birth certificate. (If married, also submit a photocopy of spouse’s birth certificate & marriage certificate). The retirement option I selected in PART D has been explained to me. I do understand the retirement option I selected in PART D.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member’s Signature Date | |



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**Part A Participant Identification**

For member identification, please provide all requested information.

**Part B Application for Retirement Benefits**

Enter the month and year your retirement benefits are to begin.

**Part C Retirement Dates**

Indicate the retirement date applicable to your age and years of service.

**Part D Retirement Payment Options**

Check one retirement payment option. Your retirement payment option becomes irrevocable once your start drawing benefits. The only exception is if your beneficiary passes away and you have been drawing benefits under a contingent annuitant payment option. (Please refer to the employee handbook for an explanation of each retirement payment option.)

**Part E Sick Leave**

Please indicate the number of hours of unused sick leave. (Sick leave credit is only eligible as service credit if you are retiring under normal or optional retirement dates.)

**Part F Authorization**

You must provide a legible photocopy of your birth certificate and if married, a photocopy of

your spouse’s birth certificate and marriage certificate.

**YOU MUST SIGN AND DATE PART F TO VALIDATE THIS FORM.**