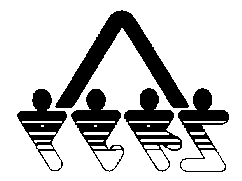
**54286-****{stdMbrPERSLinkID}**

**RETIREMENT PLAN MEMBERSHIP WAIVER**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 54286 (Rev. 05-2015)

# NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657

**(701) 328-3900 OR (800) 803-7377 • FAX: (701) 328-3920**

**(PLEASE READ THE IMPORTANT NOTICE PRINTED ON THE BACK OF THIS FORM)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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} |
| Organization Name {CurrentEmployerOrgName} | | NDPERS Organization ID {CurrentEmployerOrgCodeID} | | Date of Hire/New Term |
| **PART B MEMBER ELECTION** | | | | |
| I hereby permanently and irrevocably elect to discontinue participation in the Defined Benefit Hybrid Plan and the Defined Contribution Plan under N.D.C.C. Chapters 54-52 and 54-52.6, regardless of my current eligibility to participate. I have reached normal retirement as defined in N.D.C.C. Chapter 54-52 and have the opportunity to terminate participation in the retirement plan.  I understand that neither I nor my employer will contribute to the retirement and retiree health insurance credit plans once I have made this election. Retirement benefits and retiree health insurance credit accruals will cease when I accept a retirement allowance.  I understand that my election is irrevocable and permanent. I have had the opportunity to speak with an attorney and financial planner of my choosing and at my expense, to review this option and benefit estimates available from the North Dakota Public Employees Retirement System (NDPERS), and to ask any questions I may have concerning this election.  Member’s Signature Date | | | | |
| PART C NOTARY PUBLIC | | | | |
| State | County | | | |
| Signed and Sworn to (or affirmed) before me this: | | | | |
| Date | | | Affix Notary Stamp/Seal | |
| Signature of Notary Public or Other Authorized Officer | | |
| Residing At | | |
| Commission Expiration Date | | |

RETIREMENT WAIVER OF MEMBERSHIP

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**PART A: MEMBER INFORMATION**

For member identification, complete all requested information.

Indicate new employment information as requested. (Organization name, NDPERS Organization Number, and date of hire).

**IMPORTANT NOTICE**

* There must be a severance of employment between employers by not being on the payroll of a covered employer for a minimum of one month (31 days).
* There must be no prior work agreement made with an employer prior to 31 days.

**PART B: MEMBER ELECTION**

1. You must sign and date this section for the form to be valid. Your signature must be notarized.

**PART C: NOTARY PUBLIC**

1. Notary signature and seal is required.