**58807-****{stdOrgCodeId}**

**ACCOUNT STATEMENT**



NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58807 (Rev. 07-2010)

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

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

|  |  |
| --- | --- |
| Billing Date: | {stdlongdate} |
| NDPERS Org ID: | {stdOrgCodeId} |
| Due Date: | Immediately |
| Amount Due: | {AmountDue} |

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**{Plan}**

Statement Details:

|  |  |
| --- | --- |
| Balance Forward: | {BalancingAmount} |
| Payment: | {TotalRemittanceNumAmt} |
| Invoice: | {TotalInvoiceNumberAmount} |
| **Current Balance Due:** | **{AmountDue}** |

***If you have already submitted payment, please disregard this statement.***

Page 1 of 2

**58807-****{stdOrgCodeId}**



**ACCOUNT STATEMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58807 (Rev. 01-2014)

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

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

**REMITTANCE COPY**

*To ensure proper credit, return this portion with your payment. Your check or money order needs to be payable to NDPERS and include your NDPERS Organization ID.*

|  |  |
| --- | --- |
| NDPERS Org. ID: | {stdOrgCodeId} |
| Due Date: | Immediately |
| Amount Paid: | $ |

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

*BILLING DETAILS*

*Start Date (Month, Date & Year)* *{BillingDetailsStart} End Date (Month, Date & Year)* *{BillingDetailsEnd}*

|  |  |  |
| --- | --- | --- |
| Date: | Invoice #: | Invoice Amount: |
| {tb InvoiceTable} |  |  |

|  |  |  |
| --- | --- | --- |
| Total: |  | {TotalInvoiceAmount} |
| Total of Bill (Page 1): |  | {TotalInvoiceNumberAmount} |
|  |  |  |

*PAYMENT DETAILS*

*Start Date (Month, Date & Year)* *{BillingDetailsStart} End Date (Month, Date & Year)* *{BillingDetailsEnd}*

|  |  |  |
| --- | --- | --- |
| Payment Date: | Remittance #: | Payment Amount: |
| {tb RemittanceTable} |  |  |

|  |  |  |
| --- | --- | --- |
| Total: |  | {TotalRemittanceAmount} |
| Total of Bill (Page 1): |  | {TotalRemittanceNumAmt} |
|  |  |  |



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