{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: PARTIAL LUMP SUM OPTION**

Dear {stdMbrSalutation}:

The purpose of this letter is to confirm your election for the Partial Lump Sum Option. This option allows you to take a partial lump sum distribution equal to 12 monthly payment of the Single Life option and is payable at the same time as your first monthly retirement benefit. **Your ongoing retirement benefit will be actuarially reduced in exchange for the partial lump sum payment.**

The lump sum payment will be eligible to rollover to an IRA or another eligible retirement plan. **If any portion of your rollover includes non-taxable income, then the letter of acceptance is required before your request will be processed.** If not rolled over, the lump sum is taxed as ordinary income and subject to automatic 20% federal withholding. Enclosed is a benefit estimate of your Partial Lump Sum amount and your ongoing reduced benefit. If it was not your intention to elect the Partial Lump Sum Option, please complete and return the enclosed cancellation form.

We have a Member Service Unit who can assist you with general questions about NDPERS programs, including updates on program changes. The representatives will also take requests for forms, brochures, and benefit books. If you require additional services outside the scope of Member Services, the representative will be happy to transfer you to the staff member best qualified to assist you.

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division

**CANCELLATION OF PARTIAL LUMP SUM OPTION**

Due by {qu FormDueDate}

|  |
| --- |
|  |

Please cancel my “Application for the Partial Lump Sum Option SFN 54373” that I signed {qu SFN54373Date}.

Member’s Signature Date