{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: RETIREMENT BENEFITS**

Dear {stdMbrSalutation}:

NDPERS recently received a report that indicates a person with your Social Security Number is deceased. To confirm that this may be inaccurate information, please review the information below and note any discrepancies. To ensure we have the correct information, we also require your signature to be notarized. Please return this letter by {qu DueDate}. If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

**Please review and note any discrepancies:**

|  |  |  |  |
| --- | --- | --- | --- |
| Social Security Number: | {stdMbrLastFourDigitsOfSSN} | Sex: | {MemberGender} |
| Date of Birth: | {stdMbrDateOfBirth} | Marital Status: | {MaritalStatus} |

Retirement Benefit Option: {BenefitType}

Net Amount of Last Retirement Payment: ${qu MemberLastPaymentAmount}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­

Member's Signature Date

**Acknowledgement of Notary Public**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

S.S.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

On , personally

(Month/Day) (Year) (Name)

appeared before me on the basis of satisfactory evidence to be the person whose name is subscribed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

(seal) Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_