{stdlongdate} Organization ID: {stdOrgCodeId}

{stdOCName}

{stdOrgName}

{stdOCAdrCorStreet1}

{x stdOCAdrCorStreet2}

{stdOCAdrCorCity} {stdOCAdrCorState} {stdOCAdrCorZip}

**RE: CHANGE IN AUTHORIZED AGENT**

Dear {stdOCSalutation}:

In order to change an appointed authorized agent, the enclosed {qu EnclosedForm} must be completed.

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

Sincerely,

NDPERS Benefits Division

Enclosure - {qu EnclosedForm}

{quif EnclosedForm is 0}

{tmp SFN-17029}

{endif}

{quif EnclosedForm is 1}

{tmp SFN-58745}

{endif}