{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: TERM CERTAIN BENEFICIARY PAYMENT**

Dear {stdMbrSalutation}:

{x if AccountRelationship != “SPJA”}

As the beneficiary of a fully vested participating member, you will begin receiving benefits under the {BenefitOption} Term Certain Benefit option. Your first payment represents {NumberofMonthsFirstPaymentRepresents} months of benefits. Your next payment, and all succeeding payments, will be in the amount of {MonthlyBenefitAmount}, less deductions, if any. Your monthly benefit is issued on the first working day of each month beginning in {BenefitBegin} and will continue through {BenefitEnd}. Your monthly benefit is based upon the deceased's years of service, final average salary, and the benefit multiplier of {BenefitMultiplier} at the time of their retirement. {endblock}

{x if AccountRelationship = “SPJA”}

As the surviving spouse of a fully vested participating member, you will begin receiving benefits under the {BenefitOption} Benefit option. Your first payment represents {NumberofMonthsFirstPaymentRepresents} months of benefits. Your next payment, and all succeeding payments, will be in the amount of {MonthlyBenefitAmount} less deductions, if any. Your monthly benefit is issued on the first working day of each month beginning in {BenefitBegin} and continue through {BenefitEnd}. Your monthly benefit is based upon your spouse's years of service, final average salary, and the benefit multiplier of {BenefitMultiplier} at the time of their retirement.

The amount of retiree health insurance credit that was transferred to you from your spouse is ${UnreducedHealthCredit}. This credit can only be used if you participate in the NDPERS Dakota Plan group health insurance and as long as you are receiving a monthly benefit payment.

If there are any funds remaining in your spouse's account balance after you are deceased, they will be paid in a lump sum to your designated beneficiary(ies), or to your estate if no beneficiary(ies) are designated.

{x endblock}

**IN CASE OF DEATH, YOUR PERSONAL REPRESENTATIVE MUST NOTIFY NDPERS AS SOON AS POSSIBLE.**

The benefits listed above may be increased by legislative action. The NDPERS Board reserves the right, at any time, to amend the above computations. In the event of conflict between this document and present or future State Law, the **LAW** will take precedence.

## THIS DOCUMENT SHOULD BE KEPT IN A SAFE PLACE

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

Sincerely,

NDPERS Benefits Division