{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: DIRECT DEPOSIT**

Dear {stdMbrSalutation}:

{x quwhen Option has “0”}

This is confirmation that NDPERS has received your authorization for direct deposit of your retirement benefit payment. It will be effective for {qu EffectiveDate}’s benefit payment.

{x endblock}

{x quwhen Option has “1”}

This is confirmation that NDPERS has received your authorization for direct deposit of your retirement benefit payment. Since it is after the 15th of {CurrentMonth}, it is too late to make this change effective for your {NextMonth} benefit payment. It will be effective for {qu EffectiveDate}’s benefit payment.

{x endblock}

{x quwhen Option has “2”}

Thank you for notifying our office of your direct deposit change. However, we do require the enclosed NDPERS Authorization for Direct Deposit for Annuity Payment SFN 18379 to be completed. You need to complete the top portion of the form and complete your bank information is Part B. The form needs to be returned to our office by the 15th of the month to be effective for the next month’s transaction. Enclosed is a return envelope for your convenience in returning the form.

{x endblock}

{x quwhen Option has “3”}

This is confirmation that NDPERS has received your authorization for direct deposit of your benefit payment. However your form is incomplete and being returned for the following reason:

{x quwhen Item has “0”}

* Please indicate in Part B your bank account number

{x endblock}

{x quwhen Item has “1”}

* Please sign and date Part A

{x endblock}

{x quwhen Item has “2”}

* Attach a voided check

{x endblock}

{x quwhen Item has “3”}

* {x qu Other}

{x endblock}

{x endblock}

{x quwhen Option has “4”}

This is confirmation that NDPERS has received your request to cancel your authorization for direct deposit of your retirement benefit payment. Effective {qu EffectiveDate}, your benefit payment will be issued and mailed to your address on the first business day of every month.

{x endblock}

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

Sincerely,

NDPERS Benefits Division

{x quwhen Option has “2”}

Enclosure - Authorization for Direct Deposit for Annuity Payment SFN 18379

Return envelope

{tmp SFN-18379}

{x endblock}