{stdLongDate} Member ID: {stdMbrPERSLinkID}

{qu ContactName}

{qu AdrCorStreet1}

{x qu AdrCorStreet2}

{qu AdrCorCity} {qu AdrCorState} {qu AdrCorZip}

**RE: DURABLE POWER OF ATTORNEY FOR** **{stdMbrPERSLinkID}**

Dear {qu ContactName}:

Regulations governing the administration of NDPERS prohibit us from changing information on a member's account unless we receive a written request signed by the member.

You indicated that you are the legally appointed power of attorney; therefore, we will need a copy of your Durable Power of Attorney (DPOA) before we can change our records. If this is not possible, please have {stdMbrSalutation} complete and sign the enclosed Notice of Change (SFN 10766) form and return it to our office.

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

Sincerely,

NDPERS Benefits Division

Enclosure – Notice of Change SFN 10766

Envelope

{tmp SFN-10766}