{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

Dear {stdMbrSalutation}:

Our external auditor, {qu NameofAuditFirm}, is conducting an audit of the North Dakota Public Employees Retirement System Defined {if DCPlan is true} Contribution {endif} {if DBPlan is true}Benefit {endif} Program. Please review the information below carefully. If there are any discrepancies, please note the correct information on this form. If you have any questions, please call the internal audit division, at 701-328-3900 (toll free number 1-800-803-7377).

**Please sign and return this letter to NDPERS, Attn:**  **Internal Audit Division, PO Box 1657, Bismarck, ND 58502-1657**, using the enclosed stamped self-addressed envelope by **{qu DueDate}**. **We are required to have this letter returned to us.** Thank you for your cooperation.

Sincerely,

NDPERS Internal Audit Division

**Please review and note any discrepancies:**

{x if DBPlan is true}

| **DESCRIPTION** | **CURRENT DATA** | **CORRECT DATA** | |
| --- | --- | --- | --- |
| Member’s Social Security Number (Last 4 digits): | {stdMbrLastFourDigitsOfSSN} |  | |
| Member’s Date of Birth: | {stdMbrDateOfBirth} |  |
| Member’s Gender: | {MemberGender} |  |
| Member’s Marital Status: | {MemberMaritalStatus} |  |
| Gross Salary for the Month of {qu FiscalYearEnd}: | {qu GrossSalary} |  |
| Service Credit as of June 30, {qu FiscalYearEnd}: | {qu Years} Years {qu Months} Months |  |
| Spouse’s Name: | {SpouseName} |  |
| Spouse's Date of Birth: | {SpouseDateOfBirth} |  |
| Spouse’s Social Security Number: | {SpouseSSN} |  |

{x endblock}

{x if DCPlan is true}

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **CURRENT DATA** | **CORRECT DATA** |
| Member’s Social Security Number (Last 4 digits): | {stdMbrLastFourDigitsOfSSN} |  |
| Member’s Date of Birth: | {stdMbrDateOfBirth} |  |
| Member’s Gender: | {MemberGender} |  |
| Member’s Marital Status: | {MemberMaritalStatus} |  |
| Gross Salary for the Month of June Paid July {qu FiscalYearEnd}: | {qu GrossSalary} |  |
| Defined Contribution Provider Statement | See Attached |  |

{x endblock}

The information above is correct unless noted otherwise.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant's Signature |  | Date |