{stdlongdate} Member ID: {stdMbrPERSLinkID}

{stdMbrFullName}

{stdMbrAdrCorStreet1}

{x stdMbrAdrCorStreet2}

{stdMbrAdrCorCity} {stdMbrAdrCorState} {stdMbrAdrCorZip}

**RE: FINANCIAL HARDSHIP APPLICATION – CASE #** **{ CaseID }**

Dear {stdMbrSalutation}:

NDPERS has received your application for a financial hardship distribution from your Deferred Compensation Plan. Your application will be submitted to the Benefits Committee at the board meeting scheduled for { qu NextBoardMeetingDate }. You will be notified of the approximate time that your request will be reviewed by the board.

**It will be necessary for you to discontinue your deferrals into the deferred compensation plan using the Participant Agreement for Salary Reduction SFN 3803.** Subject to your application being approved you must not resume participation in the deferred compensation program for at least **six (6) months** from the date of your hardship application.

A Participant Agreement for Salary Reduction SFN 3803 and return envelope are included for your convenience in suspending contributions.

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

Sincerely,

NDPERS Benefits Division

Enclosure – Participant Agreement for Salary Reduction SFN 3803

Envelope

{tmp SFN-03803}