|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10766-****{stdMbrPERSLinkID}**   |  |  | | --- | --- | | {SFNLogo} | **NOTICE OF CHANGE-MEMBER DATA RECORD**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 10766 (Rev. 05-2015)  {SFNAddress} |      |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | | | | | | | | | | | **PART A MEMBER’S NAME** | | | | | | | | | | | | | | | Name: (Last, First, Middle, Suffix)**{stdMbrFullNameLFM}** | | | | | | | | | NDPERS Member ID **{stdMbrPERSLinkID}** | | | | | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | | | | | | | | Date of Birth **{stdMbrDateOfBirth}** | | | | | | Organization Name | | | | | | | NDPERS Organization ID | | | | | | | | **PART B ADDRESS CHANGE** | | | | | **EFFECTIVE DATE** | | | | | | | | | | Mailing Address | | | | City | | | | | | State | | Zip Code +4 | | | **PART C MARITAL STATUS CHANGE**  **(Marital status is determined in accordance with North Dakota law)** | | | | | | | **EFFECTIVE DATE** | | | | | | | | Married  Divorced  Widowed, Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMPLETE APPLICABLE GROUP INSURANCE APPLICATION(S) & DESIGNATION OF BENEFICIARY(IES) | | | | | | | | | | | | | | | **PART D NAME CHANGE** | | | | | **EFFECTIVE DATE** | | | | | | | | | | Former Name: (Last, First, Middle) | | | | | | | | | | | | | | | New Name: (Last, First, Middle) | | | | | | | | | | | | | | | **PART E TELEPHONE NUMBER CHANGE** | | | | | **EFFECTIVE DATE** | | | | | | | | | | Home Telephone Number | | | Area Code and Telephone Number: | | | | | | | | | | | | Work Telephone Number | | | Area Code and Telephone Number: | | | | | | | | | | | | Cell Phone Number | | | Area Code and Telephone Number: | | | | | | | | | | | | **PART F E-MAIL CHANGE** | | | | | **EFFECTIVE DATE** | | | | | | | | | | E-Mail Address: | | | | | | | | | | | | | | | **PART G CONTACT CHANGE** | | | | | **EFFECTIVE DATE** | | | | | | | | | | **In case of death or incapacity, please designate a contact. If married, spouse is required to be the Contact. Social Security Number, Date of Birth, and Gender also required.** | | | | | | | | | | | | | | | Contact Name: | | | | | | | | Relationship to Member: | | | | | | | Social Security Number: | | | | | Date of Birth: | | | | | | Gender: Male Female | | | | Same Address as Member?Yes No, Please indicate | | | | | | Contact Address: | | | | | | | | | Same Telephone as Member?Yes No, Please indicate | | | | | | Contact Telephone Number: | | | | | | | | | **PART H AUTHORIZATION** | | | | | | | | | | | | | | | To the best of my knowledge and belief, the information that I have provided on this form is correct.  Signature of Member or Authorized Agent Date | | | | | | | | | | | | | | |

|  |
| --- |
| NOTICE OF CHANGE-MEMBER DATA RECORD  SFN 10766 (Rev. 05-2015) Page 2  **INSTRUCTIONS**  **Part A Member Identification**  Enter member’s current name, NDPERS member ID, date of birth, and last four digits of social security number, department name, and NDPERS Organization ID.  **Part B Address Change**  Enter effective date.  Enter member’s new mailing address.  **Part C Marital Status Change**  Enter effective date.  In cases of marital status change, it is necessary that the member complete new designations of beneficiary. (Designation for the Group Retirement Plan SFN 2560 and/or Life Insurance Enrollment/Change SFN 53803)  Note that for purposes of SFN 10766, “martial status” is determined in accordance with North Dakota law.  **Part D Name Change**  Enter effective date.  Enter member’s former and new name. Use full name, including middle name.  **Part E Telephone Number Change**  Enter effective date.  Select category(ies) and enter new telephone number.  **Part F E-Mail Change**  Enter effective date.  Enter new e-mail address. (NDPERS only maintains one e-mail address on member’s record)  **Part G Contact Change**  Enter effective date.  Enter new contact information. If married, the spouse is required to be the contact.  **Part H Authorization**  Either the employer’s authorized agent or the member must sign SFN 10766 to be valid |