|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | {SFNLogo} | **51702-****{DeceasedPerslinkId}** | | **STATEMENT OF BENEFICIARY (GROUP RETIREMENT PLAN)** | | NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM | | SFN 51702 (Rev. 12-2022)  **{SFNAddress}** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **PART A DECEASED MEMBER INFORMATION** | | | | | | | | Name {DeceasedName} | | | NDPERS Member ID {DeceasedPerslinkId} | | | | | Last Four Digits of Social Security Number {DeceasedSSN} | | | Date of Birth (mm/dd/yyyy) {DeceasedDateOfBirth} | | | | | **PART B BENEFICIARY INFORMATION (All boxes are required to be completed)** | | | | | | | | Name (Last, First, Middle) | | | Social Security Number | | | | | Date of Birth | Gender  Male Female | | Daytime Telephone Number | | | | | Mailing Address | | | City | | State | ZIP Code | | **PART C APPLICATION FOR BENEFICIARY BENEFITS** | | | | | | | | **RETIREMENT PAYMENT OPTION (Check One)** | | | | | | | | **DEFINED BENEFIT PLAN (must choose an option below)** | | **DEFINED CONTRIBUTION PLAN** | | | | | | **Direct Rollover, Complete Part D & F**  **Refund, Complete Part E & F**   20% Federal income tax will be automatically withheld from   the taxable portion of your refund unless you designate a   higher amount. You must submit Form W-4R.    ND tax will be automatically withheld unless indicated below:     DO NOT Withhold ND income Tax  \*If you are a term certain beneficiary, your benefits will automatically default to this option to receive ongoing monthly payments. You must complete Part E & F, Beneficiary Form SFN 2560, Tax Withholding Form SFN 51506 and Form W-4P. | | Lump Sum\*   |  | | --- | | Date Benefits Begin |   **\*A TIAA Distribution Form MUST be completed and submitted with this form.** | | | | | | **PART D APPLICATION FOR DIRECT ROLLOVER TO INHERITED IRA - DEFINED BENEFIT PLAN ONLY** | | | | | | | | **Please have a letter of acceptance forwarded to NDPERS from the financial institution. If any portion of your rollover includes non-taxable income, then the letter of acceptance is required before your request will be processed.** | | | | | | | | Make check payable to (Rollover Institution) | | Account Number with Rollover Institution (If available) | | | | | | Mailing Address of Rollover Institution | | City | | State | | ZIP Code | | Portion to be rolled over: (If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated financial institution and mail any non-taxable income directly to you.)  All taxable income All taxable & non-taxable income  Percent of Account \_\_\_\_\_\_\_\_\_\_ Dollar Amount of Account \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | My NDPERS benefits are being rolled into (choose one) Inherited Traditional IRA  Inherited Roth IRA | | | | | | |   STATEMENT OF BENEFICIARY (GROUP RETIREMENT PLAN)  SFN 51702 (Rev. 01-2023) Page 2   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **PART E FINANCIAL INSTITUTION INFORMATION - DEFINED BENEFIT PLAN ONLY**  I authorize the North Dakota Public Employees Retirement System (NDPERS), third party administrators (TPAs), and the financial institution named on this form to initiate electronic fund transfer (EFT) of my retirement benefit(s) into my account as indicated below. I consent to the financial institution sharing my customer information with NDPERS and TPAs for the purpose of completing the EFT arrangement.  I authorize NDPERS and/or TPA to initiate, a reversal or debit entry for all or any portion of any credit entry made in error to my designated account, including but not limited to amounts transferred after my death. If the funds remaining in the designated account are insufficient to fully reimburse NDPERS or TPA for any credit entry made in error subsequent to my death, I authorize my financial institution to release to NDPERS or TPA any information in its possession regarding the manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error.  I authorize my financial institution to notify NDPERS or TPA of my death.  This authorization will remain in effect until I notify NDPERS or TPA in writing to cancel it in such time as to afford NDPERS or TPA a reasonable opportunity to act on it.  I understand this form is due back in the NDPERS Office by the 15th of the month prior to the month I want to begin my direct deposit. I agree to the terms listed on this authorization.  Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible. NDPERS is not responsible for delayed payments. | | | Financial Institution Name | Financial Institution Routing Number | | Telephone Number | | |  |  | | Type of Account & Account Number  Checking Account Number   |  | | --- | |  | | Savings Account Number   |  | | --- | |  | | | Attach a Voided Check Here for Checking Account (Optional).  Deposit slips will not be accepted. | | | | | | **PART F BENEFICIARY AUTHORIZATION** | | | I elect to receive the retirement benefits as indicated in PART C. I understand I must submit a certified copy of the member’s Certificate of Death. I have also read the attached “SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS”. | | | Beneficiary’s Signature (Electronic Signature will not be accepted) | Date |  |  | | --- | | **YOU MUST SIGN AND DATE PART F TO VALIDATE THIS FORM.**  STATEMENT OF BENEFICIARY (GROUP RETIREMENT PLAN)  SFN 51702 (Rev. 01-2023) Page 3  **INSTRUCTIONS**  **PART A DECEASED MEMBER INFORMATION**  For member identification, please provide all requested information.  **PART B BENEFICIARY INFORMATION**  Enter your name, social security number, date of birth, gender, daytime telephone number, and mailing address.  **PART C APPLICATION FOR BENEFICIARY BENEFITS**  If the deceased member participated in the Defined Benefit Plan, you complete the left side of Part C. If the deceased member participated in the Defined Contribution Plan, you complete the right side of Part C.  *Defined Benefit Plan:*  If you are electing to rollover all or a portion of your beneficiary payment(s) as a lump sum to an inherited IRA, you must complete Part D. If you are not rolling over your beneficiary payment(s), skip Part D.  If you are electing a lump sum refund, 20% Federal income tax will be automatically withheld from the taxable portion of your refund unless you designate a higher amount by submitting IRS Form W-4R. ND income tax will automatically be withheld unless indicated. You must complete Part E for direct deposit of your payment.  *Defined Contribution Plan:*  You must also complete a “TIAA Distribution Form”.  **PART D APPLICATION FOR DIRECT ROLLOVER – DEFINED BENEFIT PLAN ONLY**  This section is to be completed ONLY if the deceased member participated in the Defined Benefit Plan and you are rolling over all or a portion of your beneficiary payment(s) to an inherited traditional IRA or Roth IRA.  If the deceased member participated in the Defined Contribution Plan, application for roll over is on the “TIAA Distribution Form”.  **Part E FINANCIAL INSTITUTION INFORMATION FOR REFUND – DEFINED BENEFIT PLAN ONLY** If you are receiving a one-time refund or ongoing term certain monthly payment, enter the routing number of your financial institution. Then, select the type of account where your funds will be deposited. You may attach a voided check if you would like to deposit your funds in a checking account.  For ongoing term certain monthly beneficiaries, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System. Immediate credit will be given the first working day of each month through your correspondent bank account at the Bank of North Dakota.  **PART F BENEFICIARY AUTHORIZATION**  You must provide a certified copy of the member’s Certificate of Death.  **YOU MUST SIGN AND DATE PART F TO VALIDATE THIS FORM.** (Electronic Signature will not be accepted)  {tmp PER-0106} | |