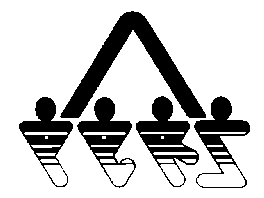
**53744-****{stdMbrPERSLinkID}**

**AFFIDAVIT FOR MINOR BENEFICIARY**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53744 (Rev. 03-2015)

# NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657

**(701) 328-3900 OR (800) 803-7377 • FAX: (701) 328-3920**

|  |  |  |  |
| --- | --- | --- | --- |
| PART A DECEASED PARTICIPANT IDENTIFICATION | | | |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | | | NDPERS Member ID {stdMbrPERSLinkID} |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | | Date of Birth {stdMbrDateOfBirth} |
| PART B AFFIDAVIT | | | |
| STATE OF NORTH DAKOTA )  )  COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_states under oath as follows:   1. I swear and affirm upon penalty of perjury that the statements made in this affidavit are true and correct to the best of my knowledge and belief. 2. I hereby certify that I am (check one):   a. The person having care and custody of the minor named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and am the person with whom the minor resides.  b. The legal guardian for the minor named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have included proof of guardianship with this affidavit.    Signature Date | | | |
| **PART C Notary PUBLIC** | | | |
| State | County | | |
| Signed and Sworn to (or affirmed) before me this: | | | |
| Date | | Affix Notary Stamp/Seal | |
| Signature of Notary Public or Other Authorized Officer | |
| Residing At | |
| Commission Expiration Date | |

## AFFIDAVIT FOR MINOR BENEFICIARY

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**Part A Deceased Participant Identification**

For member identification, please provide all requested information.

**PART B AFFIDAVIT**

Part B must be completed and signed in the presents of a Notary Public.

**PART C NOTARY PUBLIC**

The notary public must complete, sign, and apply his/her notary seal/stamp in Part C. The impression made by a notary’s stamp must be clear and readable.