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| **53757-****{stdMbrPERSLinkID}**     |  |  | | --- | --- | | {SFNLogo} | **PURCHASE PAYMENT ELECTION**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 53757 (Rev. 07-2021)  {SFNAddress} |  |  |  |  | | --- | --- | --- | | **PART A MEMBER INFORMATION** | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | NDPERS Member ID **{stdMbrPERSLinkID}** | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | Date of Birth **{stdMbrDateOfBirth}** | | **PART B TYPE OF SERVICE PURCHASE** | | | | Unused Sick Leave  Other | | | | **PART C PAYMENT ELECTION** | | | | Lump Sum (Make Check Payable to NDPERS) | | | | Rollover from Eligible Plan – Payment must be accompanied by “Rollover Request for Service Credit Purchase SFN 52059”. Number of Rollovers? **\_\_\_\_\_\_\_\_** (SFN 52059 is required for each rollover) | | | | Monthly Amount $\_\_\_\_\_\_\_\_\_\_  The minimum payment must be no less than $50.00 a month or large enough to pay the current interest and portion of the principal to complete the purchase contract in a 15 year time period.   |  | | --- | | After Tax  Pre-Tax |   Check  Payroll Deduction (Complete Part D) | | | | Quarterly Amount $\_\_\_\_\_\_\_\_\_\_  This dollar amount can not be less than $150.00 quarterly or large enough to pay the current interest and portion of the principal to complete the purchase contract in a 15 year time period.   |  | | --- | | After Tax  Pre-Tax |   Check  Payroll Deduction (Complete Part D) | | | | Semiannual $\_\_\_\_\_\_\_\_\_\_  This dollar amount can not be less than $300.00 semiannually or large enough to pay the current interest and portion of the principal to complete the purchase contract in a 15 year time period.   |  | | --- | | After Tax  Pre-Tax |   Check  Payroll Deduction (Complete Part D) | | | | Annual $\_\_\_\_\_\_\_\_\_\_  This dollar amount can not be less than $600.00 annually or large enough to pay the current interest and portion of the principal to complete the purchase contract in a 15 year time period.  Check   |  | | --- | | After Tax  Pre-Tax |   Payroll Deduction (Complete Part D) | | | | **PART D SUPPLEMENTAL INFORMATION** | | | | 1. Are you planning on retiring within the next 12 months?   No  Yes, Planned Retirement Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | 1. Number of months you are purchasing | | | **PART E PAYROLL DEDUCTION INFORMATION** | | | | I understand that if I have elected to make payment through payroll deduction, I will need to make the necessary arrangements with my employer. I understand that if electing to have payroll deduction on a **pre-tax basis, SFN 54004 is also required**. This authorization is given to allow my employer and NDPERS to share payroll information as needed. This information will be used for the sole purpose of evaluating and administrating purchase payments.  I understand that the duration of this authorization is for the term of my purchase inquiry or contract. I understand that information given to NDPERS will remain confidential among the parties involved. I agree that a photographic copy of this authorization is as valid as the original. | | | | Member’s Signature (Electronic Signature will not be accepted) | Date | | | **PART F MEMBER’S AUTHORIZATION** | | | | I have elected to purchase additional service credit and to make payment as indicated on this form. | | | | Member’s Signature (Electronic Signature will not be accepted) | Date | | |

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| PURCHASE PAYMENT ELECTION  SFN 53757 (Rev. 07-2021) Page 2  **TO BE COMPLETED BY MEMBER**  **PART A MEMBER INFORMATION**  Provide member information as requested.  **PART B TYPE OF SERVICE PURCHASE**  Please mark what type of service you are purchasing.  **PART C PAYMENT ELECTION**  Indicate payment method that you would like to select. If electing through payroll deduction, please also review and sign Part E.  **PART D SUPPLEMENTAL INFORMATION**  Please answer questions requested.  **PART E PAYROLL DEDUCTION INFORMATION**  If electing to make payment through payroll deduction, please read this section so you understand the terms of your election.  **PART F MEMBER’S AUTHORIZATION**  The form must be signed and dated to be a valid election.  **FILING PROCEDURE:** Original to NDPERS – retain a photocopy for your records. |