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| **53854-****{stdMbrPERSLinkID}**   |  |  | | --- | --- | | **{SFNLogo}** | **PURCHASE PAYMENT WORKSHEET**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 53854 (Rev. 09-2021)  **{SFNAddress}** |  |  |  |  | | --- | --- | --- | | **PART A PARTICIPANT IDENTIFICATION** | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | NDPERS Member ID **{stdMbrPERSLinkID}** | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | Date of Birth **{stdMbrDateOfBirth}** | | 1. Are you planning to terminate your employment this year?  No  Yes  If “Yes”, answer questions 2-4 and sign Part E below.  If “No”, skip questions 2-4 and sign Part E below.  2. What is your planned termination date?  3. Are you considering converting your unused sick leave?  No  Yes  4. Will you be taking a distribution from the State of ND Deferred Compensation plan or any other tax deferred compensation plan? No Yes  **I understand that by signing Part E, I authorize my employer to provide NDPERS with the information requested.** | | | | **PART B INFORMATION TO EMPLOYER** | | | | The above-referenced member is considering purchasing additional retirement service credit. This member’s purchase payments may be subject to limitations established under IRC Section 415. Current law limits after-tax employee contributions into the retirement plan to $61,000 or 100% of an employee’s includible compensation, whichever is less. Therefore, NDPERS is required to obtain this member’s compensation for the calendar year. Please complete Part C or Part D, depending on how your employee responded to item # 1 in Part A and sign Part E.  “Includible Compensation” means gross compensation minus any employee contributions to your regular retirement plan which are paid by your employer under a 414(h) salary reduction arrangement. | | | | **PART C EMPLOYER TO COMPLETE IF MEMBER IS NOT TERMINATING THIS YEAR** | | | | Provide includible compensation earned by member based on:   * Subtracting any tax deferred employee paid contributions to a retirement plan under a 414(h) salary reduction agreement. * Including any comp/overtime pay to includible compensation.   Year-to-Date Paid Earnings from January 1, {stdYear} to , {stdYear}: $  Projected Earnings from , {stdYear} to December 31, {stdYear}: $ | | | | **PART D EMPLOYER TO COMPLETE IF MEMBER IS TERMINATING THIS YEAR** | | | | Provide includible compensation earned by member based on:   * Subtracting any tax deferred employee paid contributions to a retirement plan under a 414(h) salary reduction agreement. * Including any comp/overtime pay to includible compensation. * Including any lump sum payment for unused comp/overtime. * Including any lump sum payment for unused sick leave. * Including any lump sum payment for annual leave.   Year-to-Date Paid Earnings from January 1, {stdYear} to , {stdYear}: $  Projected Earnings from , {stdYear} to December 31, {stdYear}: $ | | | | **PART E AUTHORIZATION BY MEMBER & EMPLOYER** | | | | **I certify that the information contained on this form is correct to the best of my knowledge and belief.** | | | | Member Signature (Electronic signatures will not be accepted) | Date | | | Authorized Agent Signature (Electronic signatures will not be accepted) | Date | | |

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| PURCHASE PAYMENT WORKSHEET  SFN 53854 (Rev. 09-2021)    **PART A MEMBER INFORMATION**  Provide member information as requested.  **PART B INFORMATION TO EMPLOYER**  Notice given to employer regarding requested information.  **PART C EMPLOYER TO COMPLETE IF MEMBER IS NOT TERMINATING THIS YEAR**  Employer to provide information regarding the member’s earnings for current calendar year.  **PART D EMPLOYER TO COMPLETE IF MEMBER IS TERMINATING THIS YEAR**  Employer to provide information regarding the member’s earnings for current calendar year.  **PART E AUTHORIZATION**  The form must be signed and dated by both the member and the employer to be valid. Electronic signatures will not be accepted. |