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| {SFNLogo} | **53879-****{stdMbrPERSLinkID}** | | | | | |
| **APPLICATION FOR REFUND OR DIRECT ROLLOVER** | | | | | |
| NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM | | | | | |
| SFN 53879 (Rev. 09-2022)  **{SFNAddress}** | | | | | |
| **PART A PARTICIPANT IDENTIFICATION** | | | | | | | |
| Name (Last, First, Middle)  {stdMbrFullNameLFM} | | | | | NDPERS Member ID  {stdMbrPERSLinkID} | | |
| Home/Cell Phone Number | | Last Four Digits of Social Security Number  {stdMbrLastFourDigitsOfSSN} | | | Date of Birth (mm/dd/yyyy)  {stdMbrDateOfBirth} | | |
| Mailing Address (If moving, provide new address) | | | City | State | ZIP Code | Effective Date of Address | |
| **PART B NOTICE TO MEMBER** | | | | | | | |
| Please read the “Special Tax Notice Regarding Plan Payments” before continuing. Under Federal law, NDPERS is required to provide this information **a minimum of 30 days prior to a distribution**. This may affect the date of your refund/rollover.  To be eligible for a refund/rollover, you must terminate your employment and be off the payroll of a covered employer for at least 31 days. Transfers of employment between NDPERS organizations are not eligible for a refund/rollover. Your termination must also be bona fide because NDPERS does not permit in-service distributions, meaning there is no indication that you will return to NDPERS-covered employment as of the date of your termination. If your termination is not bona fide, you are not eligible to request a refund or direct rollover and you may be required to repay any refund or direct rollover you receive.  Please note that, if you return to NDPERS-covered employment prior to receiving your refund or direct rollover, you will cease to be eligible to receive your requested distribution and your application will be cancelled. If you subsequently receive a distribution, you may be required to repay any refund or direct rollover you receive with interest.  Processing will take approximately 60-90 days from your last regular paycheck-Subject to Federal & ND State laws. | | | | | | | |
| **Defined Benefit Plan: Complete Part C and/or D and Part F**  **Defined Contribution Plan: Complete Part E and Part F** | | | | | | | |
| **PART C DEFINED BENEFIT PLAN - REFUND** | | | | | | | |
| **APPLICATION FOR REFUND** | | | | | | | |
| Check this box if you wish to elect a refund payable to you. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible. NDPERS is not responsible for delayed payments.  Your direct deposit information must be received by NDPERS by the 15th of the month prior your payment being issued.   |  |  | | --- | --- | | Financial Institution Name | Financial Institution Routing Number | | Telephone Number | | |  |  | | Type of Account & Account Number  Checking Account Number   |  | | --- | |  | | Savings Account Number   |  | | --- | |  | |   Federal income tax, at the rate of 20%, will be automatically withheld from the taxable portion of your refund unless you designate a higher amount by submitting Form W-4R. North Dakota state income tax, at the rate of 3.92%, will be automatically withheld from the taxable portion of your refund unless indicated below.  No – DO NOT Withhold North Dakota State Income Tax  After a refund check is issued, any adjustments to Federal or State income tax paid is the responsibility of the taxpayer. | | | | | | | |

APPLICATION FOR REFUND AND DIRECT ROLLOVER

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| **PART D DEFINED BENEFIT PLAN - ROLLOVER** | | | |
| **APPLICATION FOR DIRECT ROLLOVER** | | | |
| Check this box if you wish to have a direct rollover of your account. | | | |
| Make check payable to Rollover Institution | Member’s Account Number with Rollover Institution (If available) | | |
| Mailing Address of Rollover Institution | City | State | ZIP Code |
| Portion to be rolled over:  All Taxable Income ***-*** *If no election is indicated, NDPERS will default to this option. If you have any non-taxable income, it will be paid directly to you and you must complete the direct deposit section on Page 1.*  All Taxable & Non-Taxable Income *- A letter of acceptance is required from your designated financial institution indicating both taxable & non-taxable income will be accepted.*  \_\_\_\_\_\_\_% of Taxable Income*– If you have any remaining taxable income and non-taxable income, you must complete direct deposit section on Page 1.*  $\_\_\_\_\_\_\_\_\_\_\_\_of Taxable Income *– If you have any remaining taxable income & non-taxable income, you must complete the direct deposit section on Page 1.* | | | |
| My NDPERS benefits are being rolled into (**choose one; required**):  Employer Sponsored Plan  Traditional IRA  Roth IRA (NDPERS will deduct both Federal & ND taxes from the payment) | | | |

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| **PART E DEFINED CONTRIBUTION PLAN** |
| Check this box if you wish a lump sum distribution of your account. **A TIAA Distribution Form MUST be completed and submitted with this form** to elect a refund or direct rollover**.** |

**PART F AUTHORIZATION**

By receiving a refund/rollover, you forfeit all service credit to the date of the distribution, as well as any retirement or disability benefits, and any non-vested employer contributions attributable to that service credit.

I acknowledge that by receiving a refund/rollover I forfeit all service credit to the date of the distribution, as well as any retirement or disability benefits, and any non-vested employer contributions attributable to that service credit. I have read and understand the “Safe Harbor Tax Notice Regarding Plan Payments” and confirm the information regarding my bona fide termination and eligibility to receive a distribution provided in Part B is accurate.

I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) of my retirement funds into my account as indicated above. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

I authorize NDPERS to initiate, a reversal or debit entry for all or any portion of any credit entry made in error by NDPERS to the 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 for any credit entry made in error subsequent to my death, I authorize my financial institution to release to NDPERS 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 of my death. This authorization will remain in effect until I notify NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. I agree to the terms listed on this authorization.

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| Member’s Signature (Electronic Signatures will not be accepted) | Date |

APPLICATION FOR REFUND AND DIRECT ROLLOVER

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**PART A PARTICIPANT IDENTIFICATION**

For member identification, complete all requested information.

**PART B NOTICE TO MEMBER**

Read this section carefully! This section contains important information that you need to know before making a payment election.

**PART C Defined Benefit Plan - REFUND**

1. Enter your financial institution name and routing number. Select the type of account and enter your account number. You may also attach a voided check.
2. Refunds are subject to Federal and ND State income tax. NDPERS is required to withhold Federal income tax; however, you may also authorize NDPERS to withhold ND State income tax from your refund payment. If no preference is indicated, NDPERS will automatically withhold 3.92% for North Dakota state income tax from the taxable portion of your refund. After a refund check is issued, any adjustments to Federal or State income tax paid will be your responsibility.

**PART D Defined Benefit Plan - ROLLOVER**

1. You may elect and authorize a direct rollover payment by completing this section. Please be sure to complete **ALL** boxes and fields.
2. Enter the name of the plan or rollover institution accepting the direct rollover **(i.e. who the check should be made payable to - who will endorse the check)**. Please have your plan or rollover institution forward a letter of acceptance of funds to NDPERS. If any portion of your rollover is non-taxable income, this will be required before your rollover is completed.
3. Enter your account number with the plan or rollover institution where your funds will be rolled.
4. Enter the full mailing address to which the direct rollover payment should be mailed. **DO NOT LIST YOUR PERSONAL MAILING ADDRESS: NDPERS CAN NOT SEND A DIRECT ROLLOVER TO A MEMBER'S HOME.**
5. Indicate how much of the income should be directly rolled. If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated rollover institution and mail any non-taxable income directly to you.
6. Check if your retirement fund is being rolled over into an employer sponsored plan, traditional IRA, or Roth IRA.

**NOTE: NDPERS does not have the capability to wire transfer or direct deposit rollovers to other institutions.**

**PART E DEFINED CONTRIBUTION PLAN**

You may elect and authorize a lump distribution by checking the box. **A TIAA Distribution Form MUST be completed and submitted with this form to elect a refund or direct rollover.**

**PART F AUTHORIZATION**

You must sign and date this section for the form to be valid

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