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| **58744**   |  |  | | --- | --- | | **{SFNLogo}** | **NDPERS MEMBER DATA RECORD**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 58744 (Rev. 01-2014)  **{SFNAddress}** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PART A MEMBER’S NAME** | | | | | | | | | | | | | | Name: (Last) (First) (Middle) (Suffix) | | | | | | | | | | | | | | **PART B BIOGRAPHIC INFORMATION** | | | | | | | | | | | | | | Date of Birth: | | Gender: Male Female | | | | | | Marital Status: Married Single  Divorced Widowed | | | | | | **PART C SOCIAL SECURITY NUMBER** | | | | | | | | | | | | | | In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number. The individual’s social security number will remain confidential. | | | | | | | | | | | | | | Social Security Number: | | | | | | | | | | | | | | **PART D MEMBER’S ADDRESS** | | | | | | | | | | | | | | Home Address | | | | City | | | | | | State | | Zip Code +4 | | **PART E MEMBER’S TELEPHONE NUMBER** | | | | | | | | | | | | | | Home Telephone Number | Area Code and Telephone Number: | | | | | | | | | | | | | Work Telephone Number | Area Code and Telephone Number: | | | | | | | | | | | | | Cell Phone Number | Area Code and Telephone Number: | | | | | | | | | | | | | **PART F E-MAIL INFORMATION** | | | | | | | | | | | | | | E-Mail Address: | | | | | | | | | | | | | | **PART G CONTACT INFORMATION** | | | | | | | | | | | | | | **In case of death or incapacity, please designate a contact. If married, spouse is required to be the Contact. Social Security Number, Date of Birth, and Gender also required.** | | | | | | | | | | | | | | Contact Name: | | | | | | | | | Relationship to Member: | | | | | Social Security Number: | | | Date of Birth: | | | | | | | | Gender: Male Female | | | Same Address as Member?Yes No, Please indicate | | | | | | Contact Address: | | | | | | | | Same Telephone as Member?Yes No, Please indicate | | | | | | | Contact Telephone Number: | | | | | | | **PART H MEMBER’S SIGNATURE** | | | | | | | | | | | | | | Signature: | | | | | Date: | | | | | | | | |

NDPERS MEMBER DATA RECORD

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| **PART I EMPLOYER DATA** | | | |
| Employer’s Name: | | | NDPERS Organization ID: |
| Member’s Date of Hire: | | | |
| **PART J EMPLOYMENT AND JOB CLASSIFACTION** | | | |
| **Member’s Employment Classification:**  PERMANENT EMPLOYMENT TEMPORARY EMPLOYMENT | | | |
| **Member’s Job Classification:**  Classified State  Non-Classified State Teacher’s Fund for Retirement  University System TIAA-CREF  Elected Official: Term Begin Date (date required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appointed Official:  Official appointed under section of the N.D.C.C. Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_  Official appointed by governing Board authority on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-State  Peace Officer  Correctional Officer  NG Security and Firefighter  Highway Patrol Person  Judge  Legislator  Career and Technical Education  Department of Public Instruction | | | |
| Hourly: No Yes | Does member work less than 12 months per year?  No Yes, \_\_\_\_\_\_\_\_(# of months) | Gross Monthly Salary:  $\_\_\_\_\_\_\_\_\_\_ | |
| **PART K AUTHORIZED AGENT’S SIGNATURE** | | | |
| Please check that the member’s name and social security number listed on this form matches what is on his or her social security card.  I certify that the information contained on this form is correct to the best of my knowledge and belief.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Agent’s Signature Date | | | |

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