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| **58745**   |  |  | | --- | --- | | {SFNLogo} | **NOTICE OF APPOINTMENT OF DEFERRED COMP SALES REPRESENTATIVE**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 58745 (Rev. 01-2014)  {SFNAddress} |  |  |  |  |  | | --- | --- | --- | --- | | **PART A SALES REPRESENTATIVE INFORMATION** | | | | | Name of Provider Company: | | | | | Name of Sales Representative: | | | | | NPN: | | | | | Address: | | | | | City: | State: | | Zip Code + 4: | | E-Mail Address: | | | | | Telephone Number: | | Fax Number: | | | Signature of Sales Representative | | | Date of Signature | | **PART B TYPE OF APPOINTMENT** | | | | | Replacement of Sales Representative  Previous Representative Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | New Appointment | | | | | **PART C CERTIFICATION BY PROVIDER COMPANY CONTACT** | | | | | I certify that the above named sales representative is authorized to conduct business as an agent for the State of North Dakota Deferred Compensation Plan.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Provider Company Contact Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position or Title | | | | |