**59045-****{stdMbrPERSLinkID}**



**APPLICATION FOR DEFINED CONTRIBUTION PLAN PERIODIC PAYMENTS**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 59045 (Rev. 01-2014)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

|  |  |
| --- | --- |
| 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} |
| Organization Name {stdCurrentEmployerOrgName} | NDPERS Organization ID {stdCurrentEmployerOrgCodeID} |
| Daytime Telephone Number | |
| **PART B APPLICATION FOR RETIREMENT BENEFITS AND RETIREE HEALTH INSURNCE CREDITS** | |
| NDPERS Retirement Effective (Month / 1 / Year) \_\_\_\_\_\_\_\_\_\_/ 1 /\_\_\_\_\_\_\_\_\_\_ | |
| **SECTION 1 RETIREMENT PAYMENT OPTION** | |
| Periodic Retirement Payment.  **A TIAA-CREF Distribution Form MUST be completed and accompany this application.** | |
| **SECTION 2 RETIREE HEALTH CREDIT OPTIONS ( Check One)** | |
| I elect the standard retiree health insurance credit option.  If married I understand that I have the option to elect the following alternate actuarially reduced retiree health insurance credit option, I elect: (Check One)  50% Joint Survivor Life  100% Joint Survivor Life | |
| **PART C AUTHORIZATION** | |
| I elect to receive the retirement benefits and health insurance credit as indicated in PART B. I understand I must submit a photocopy of my birth certificate. **(If married, also submit a photocopy of spouse’s birth certificate & marriage certificate.)**  **I understand that this “APPLICATION FOR DEFINED CONTRIBUTION PLAN PERIODIC PAYMENTS SFN 59045” must be received by NDPERS at least 30 days before distribution of my first retirement payment.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member’s Signature Date | |



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**Please refer to the “Group Retirement Plan” information sheet.**

**Part A Participant Identification**

For member identification, please provide all requested information.

**Part B Application for Retirement Benefits and Retiree Health Insurance Credits**

Enter the month and year you want your retirement benefits to begin. Your NDPERS retirement effective date will be the first of the month following your last date of service or last date of pay, whichever is later. Your actual payment is the month following your effective date.

Section 1: This application is for periodic payments only. Your vested Account balance may be paid to you in monthly, quarterly, semiannual or annual periodic payments until your account is exhausted.

Section 2: Check your retiree health insurance credit option. You must make an election even though you may not be currently participating in the NDPERS group health insurance plan. This retiree health insurance credit can only be used if:

1. You participate in the NDPERS Dakota Plan (the NDPERS Group Health Insurance Plan),
2. You are drawing a periodic payment from the NDPERS Defined Contribution Plan, and
3. You are at least 55 years old or meet the Rule of 85.

**Part C: Authorization**

You must provide a legible photocopy of your birth certificate and if married, your spouse’s birth certificate and marriage certificate.

**YOU MUST SIGN AND DATE PART C TO VALIDATE THIS FORM.**

**ORIGINAL TO NDPERS - PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**