



NOTICE OF APPOINTMENT OF DEFERRED COMP SALES REPRESENTATIVE
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58745 (Rev. 01-2022)

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PART A SALES REPRESENTATIVE INFORMATION

Name of Provider Company		
Name of Sales Representative		
NPN		
Address		
City	State	ZIP Code
E-Mail Address		
Telephone Number		Fax Number
Signature of Sales Representative (Electronic signatures will not be accepted)		Date of Signature

PART B TYPE OF APPOINTMENT

<input type="checkbox"/> Replacement of Sales Representative	Previous Representative Name
<input type="checkbox"/> 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.

Position or Title	Date
Signature of Provider Company Contact (Electronic signatures will not be accepted)	