



**457 DEFERRED COMPENSATION PROVIDER AGENT
CERTIFICATION/RECERTIFICATION**
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 61538 (Rev. 01-2022)

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PART A PROVIDER AGENT INFORMATION

Name (Last, First, Middle)		NPN (National Producer Number)	
457 Provider Company			
Mailing Address		City	State
			ZIP Code
Work Telephone Number	Other Telephone Number	Fax Number	
Email Address			

PART B CERTIFICATION FOR NEWLY OR REAPPOINTED PROVIDER

I certify that I have completed the required newly appointed or reappointed provider agent online webinar, as defined in the provider agency administrative agreement, and will continue to recertify my training every 2 years by completing the mandatory NDPERS provider agent training program. If I fail to recertify within the designated time period, I understand that I may no longer provide services to members affiliated with the NDPERS 457 deferred compensation program.

Date Training Completed (mm/dd/yyyy)	
Provider Agent's Signature (Electronic signatures will not be accepted)	Date of Signature

PART C RECERTIFICATION FOR ONGOING PROVIDER

I certify that I have completed the provider agent online webinar to fulfill the mandatory two (2) year NDPERS provider agent training program requirements, as defined in the provider agency administrative agreement. If I fail to recertify within the designated time period, I understand that I may no longer provide services to members affiliated with the NDPERS 457 deferred compensation program.

Date Training Completed (mm/dd/yyyy)	
Provider Agent's Signature (Electronic signatures will not be accepted)	Date of Signature