


REQUEST FOR DE MINIMIS DISTRIBUTION

 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 52051 (Rev. 01-2017)

 NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657
 (701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
My provider company is	

I hereby request a lump sum distribution of my deferred compensation account without separating from service and acknowledge that I meet the following criteria:

- a) The total value of deferred assets in the program is less than \$5,000;
- b) I have not contributed to the plan in the preceding two years; and
- c) I have not previously received a distribution from the plan.

Participant's Signature (Electronic Signature will not be accepted)	Date
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PART B PROVIDER COMPANY AGENT (THIS SECTION TO BE COMPLETED BY YOUR PROVIDER COMPANY AGENT)

This certifies the above participant's deferred compensation aggregate account balance is \$	Date
Provider Company	Agent Signature (Electronic Signature will not be accepted)

PART C NDPERS AUTHORIZATION

Approved for the Retirement Board by	
Authorized Agent, North Dakota Deferred Compensation Plan	Date