



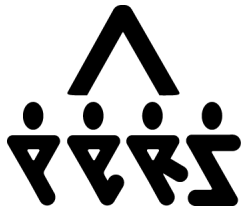
NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Refund Rollover Forms Packet

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Mailing Address	
Preferred Email Address	Preferred Phone Number

Refund Rollover Forms

- Application for Refund or Direct Rollover [[SFN-53879](#)]
- Special Tax Notice
- Continuation of Group Insurance Coverage (COBRA) [[SFN-14120](#)]
- Authorization for Automatic Premium Deduction [[SFN-50134](#)]
- Continuation of Coverage In Medical Spending Account (COBRA) [[SFN-53512](#)]
- 457 Deferred Compensation Plan Enrollment/Change [[SFN-3803](#)]



APPLICATION FOR REFUND OR DIRECT ROLLOVER

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53879 (Rev. 12-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657

(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A PARTICIPANT IDENTIFICATION

Name (Last, First, Middle)		NDPERS Member ID
Home/Cell Phone Number	Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Mailing Address, City, State, ZIP Code (If moving, provide new address)		Effective Date of Address

PART B PLAN

<input type="checkbox"/> Main <input type="checkbox"/> Public Safety <input type="checkbox"/> National Guard <input type="checkbox"/> BCI <input type="checkbox"/> Judges <input type="checkbox"/> Highway Patrol <input type="checkbox"/> All Defined Benefit Plans <input type="checkbox"/> Defined Contribution (Complete Parts F & G only of this form. Complete the Empower Separation from Employment Withdrawal Form. Contact Empower at 866-816-4400 for a copy of the withdrawal form.)

PART C NOTICE TO MEMBER

Please read the "Special Tax Notice Regarding Plan Payments" before continuing. Under Federal law, NDPERS is required to provide this information a minimum of 30 days prior to a distribution. This may affect the date of your refund/rollover.

To be eligible for a refund/rollover, you must terminate your employment and be off the payroll of a covered employer for at least 31 days. Transfers of employment between NDPERS organizations are not eligible for a refund/rollover. Your termination must also be bona fide because NDPERS does not permit in-service distributions, meaning there is no indication that you will return to NDPERS-covered employment as of the date of your termination. If your termination is not bona fide, you are not eligible to request a refund or direct rollover and you may be required to repay any refund or direct rollover you receive.

Please note that, if you return to NDPERS-covered employment prior to receiving your refund or direct rollover, you will cease to be eligible to receive your requested distribution and your application will be cancelled. If you subsequently receive a distribution, you may be required to repay any refund or direct rollover you receive with interest.

Processing will take approximately 60-90 days from your last regular paycheck-Subject to Federal & ND State laws.

Defined Benefit Plan: Complete Part D and/or E and Part G
Defined Contribution Plan: Complete Part F, distribution form, and Part G

PART D DEFINED BENEFIT PLAN - REFUND

APPLICATION FOR REFUND

☐ Check this box if you wish to elect a refund payable to you. Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible. NDPERS is not responsible for delayed payments. Your direct deposit information must be received by NDPERS by the 15th of the month prior your payment being issued.

Financial Institution Name	Financial Institution Routing Number
Telephone Number	
Type of Account & Account Number	
<input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number

Federal income tax, at the rate of 20%, will be automatically withheld from the taxable portion of your refund unless you designate a higher amount by submitting Form W-4R. North Dakota state income tax, at the rate of 3.92%, will be automatically withheld from the taxable portion of your refund unless indicated below.

☐ No – DO NOT Withhold North Dakota State Income Tax

After a refund check is issued, any adjustments to Federal or State income tax paid is the responsibility of the taxpayer.

PART E DEFINED BENEFIT PLAN - ROLLOVER

APPLICATION FOR DIRECT ROLLOVER

☐ Check this box if you wish to have a direct rollover of your account.

Make check payable to Rollover Institution	Member's Account Number with Rollover Institution (If available)		
Mailing Address of Rollover Institution	City	State	ZIP Code

Portion to be rolled over:

- ☐ All Taxable Income - If no election is indicated, NDPERS will default to this option. If you have any non-taxable income, it will be paid directly to you and you must complete the direct deposit section on Page 1.
- ☐ All Taxable & Non-Taxable Income - A letter of acceptance is required from your designated financial institution indicating both taxable & non-taxable income will be accepted.
- ☐ _____% of Taxable Income – If you have any remaining taxable income and non-taxable income, you must complete direct deposit section on Page 1.
- ☐ \$_____ of Taxable Income – If you have any remaining taxable income & non-taxable income, you must complete the direct deposit section on Page 1.

My NDPERS benefits are being rolled into (choose one; required):

- ☐ Employer Sponsored Plan ☐ Traditional IRA
☐ Roth IRA (NDPERS will deduct both Federal & ND taxes from the payment)

PART F DEFINED CONTRIBUTION PLAN

☐ Check this box if you wish a lump sum distribution of your account. Complete the Empower Separation from Employment Withdrawal Form. Contact Empower at 866-816-4400 for a copy of the withdrawal form.

PART G AUTHORIZATION

By receiving a refund/rollover, you forfeit all service credit to the date of the distribution, as well as any retirement or disability benefits, and any non-vested employer contributions attributable to that service credit.

I acknowledge that by receiving a refund/rollover I forfeit all service credit to the date of the distribution, as well as any retirement or disability benefits, and any non-vested employer contributions attributable to that service credit. I have read and understand the "Safe Harbor Tax Notice Regarding Plan Payments" and confirm the information regarding my bona fide termination and eligibility to receive a distribution provided in Part B is accurate.

I authorize the North Dakota Public Employees Retirement System (NDPERS) and the financial institution named on this form to initiate electronic fund transfer (EFT) of my retirement funds into my account as indicated above. I consent to the financial institution sharing my customer information with NDPERS for the purpose of completing the EFT arrangement.

I authorize NDPERS to initiate, a reversal or debit entry for all or any portion of any credit entry made in error by NDPERS to the designated account, including but not limited to amounts transferred after my death. If the funds remaining in the designated account are insufficient to fully reimburse NDPERS for any credit entry made in error subsequent to my death, I authorize my financial institution to release to NDPERS any information in its possession regarding the manner and party responsible for any withdrawal or transfer of funds from the designated account made subsequent to the date of the credit entry made in error.

I authorize my financial institution to notify NDPERS of my death. This authorization will remain in effect until I notify NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. I agree to the terms listed on this authorization.

Member's Signature (Electronic Signatures will not be accepted)	Date
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PART A PARTICIPANT IDENTIFICATION

For member identification, complete all requested information.

PART B PLAN

Indicate the plan you are requesting a distribution. If you have multiple plans under NDPERS, you can mark "All Plans". Otherwise, you must submit an application for each plan individually. You may not have a partial distribution of your account balance, as you must liquidate your entire NDPERS account.

PART C NOTICE TO MEMBER

Read this section carefully! This section contains important information that you need to know before making a payment election.

PART D Defined Benefit Plan - REFUND

1. Enter your financial institution name and routing number. Select the type of account and enter your account number. You may also attach a voided check.
2. Refunds are subject to Federal and ND State income tax. NDPERS is required to withhold Federal income tax; however, you may also authorize NDPERS to withhold ND State income tax from your refund payment. If no preference is indicated, NDPERS will automatically withhold 3.92% for North Dakota state income tax from the taxable portion of your refund. After a refund check is issued, any adjustments to Federal or State income tax paid will be your responsibility.

PART E Defined Benefit Plan - ROLLOVER

1. You may elect and authorize a direct rollover payment by completing this section. Please be sure to complete **ALL** boxes and fields.
2. Enter the name of the plan or rollover institution accepting the direct rollover (**i.e. who the check should be made payable to - who will endorse the check**). Please have your plan or rollover institution forward a letter of acceptance of funds to NDPERS. If any portion of your rollover is non-taxable income, this will be required before your rollover is completed.
3. Enter your account number with the plan or rollover institution where your funds will be rolled.
4. Enter the full mailing address to which the direct rollover payment should be mailed. **DO NOT LIST YOUR PERSONAL MAILING ADDRESS: NDPERS CAN NOT SEND A DIRECT ROLLOVER TO A MEMBER'S HOME.**
5. Indicate how much of the income should be directly rolled. If no election is indicated, NDPERS will automatically roll over 100% of your taxable income to your designated rollover institution and mail any non-taxable income directly to you.
6. Check if your retirement fund is being rolled over into an employer sponsored plan, traditional IRA, or Roth IRA.

NOTE: NDPERS does not have the capability to wire transfer or direct deposit rollovers to other institutions.

PART F DEFINED CONTRIBUTION PLAN

You may elect and authorize a lump distribution by checking the box. Complete the Empower Separation from Employment Withdrawal Form. Contact Empower at 866-816-4400 for a copy of the withdrawal form.

PART G AUTHORIZATION

You must sign and date this section for the form to be valid.

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Revised 1/2025

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the North Dakota Public Employee's Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½, unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

What types of retirement accounts may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), after age 73 (if you were born on or after January 1, 1951), age 75 (if you were born on or after January 1, 1960), or after death
- Corrective distributions of contributions that exceed tax law limitations
- Distributions of certain premiums for health and accident insurance

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary)

- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you are at least age 50 or have 25 or more years of service under the Plan in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments of up to \$5,000 made to you from a defined contribution plan if the payment is a qualified birth or adoption distribution
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year)
- Payments of up to \$22,000 made to you if the payment is a qualified disaster recovery distribution
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments made to you if you are terminally ill, as determined by applicable federal requirements or guidance

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after separation from service if you will be at least age 55 in the year of the separation (or age 50 or 25 or more years of service under the Plan for qualified public safety employees) does not apply.
- The exception for QDROs does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for payments from an IRA, including: (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

You can elect to rollover after-tax contributions to an IRA or another employer plan that will accept the contributions. If your rollover includes after-tax contributions, NDPERS will require a letter of acceptance from the financial institution that the rollover is to be sent to. **The letter of acceptance must indicate that they will accept the after-tax portion of the rollover.** You may also want to request information from the financial institution regarding how the record-keeping for the funds will be handled once the funds are deposited.

If NDPERS does not receive this letter of acceptance within 6 months from the date your rollover application is received, NDPERS will process the rollover by sending the taxable portion to the financial institution and the after-tax contributions to you at your mailing address.

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

Similarly, if you do a 60-day rollover to an IRA of only a portion of a payment made to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this

case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If your payment is from a governmental section 457(b) plan

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences include that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

If you are an eligible retired public safety officer and your payment is used to pay for health coverage or qualified long-term care insurance

If you retired as a public safety officer and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income Plan payments paid as premiums up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs), and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a Plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution generally will be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the deceased participant was born on or before January 1, 1936.

If you are a surviving spouse

If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949), age 73 (if you were born on or after January 1, 1951), or age 75 (if you were born on or after January 1, 1960).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½ (if the participant was born before July 1, 1949), age 72 (if the participant was born after June 30, 1949), age 73 (if the participant born on or after January 1, 1951), or age 75 (if the participant was born on or after January 1, 1960).

If you are a surviving beneficiary other than a spouse.

If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a QDRO. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a QDRO, you generally have the same options and the same tax treatment the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form

W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to do a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in:

IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from to Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

PART D PAYMENT METHOD

If a payment method is not selected, it will be your responsibility to submit payment by the 1st of each month. NDPERS does not direct bill for premiums. **Failure to remit your premium by the due date of the 1st of the month will result in loss of COBRA continuation coverage.**

NOTE: Your COBRA continuation coverage will not be in effect until premiums due are paid up to date. Members have 45 days from when NDPERS receives the election to remit COBRA payment to NDPERS.

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

☐ Withhold from bank account. Complete bank information below.

Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.

Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
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Telephone Number

Type of Account & Account Number <input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number
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Attach a Voided Check Here for Checking Account (Optional).
Deposit slips will not be accepted.

CANCELLATION POLICY

To cancel NDPERS group insurance coverage, a written request with member signature must be submitted. The request must provide the contract holder's name, last four digits of social security number or NDPERS Member ID, and effective date. NDPERS must receive a cancellation request by the end of the month prior to the effective date. Cancellations will only be made at the end of the month. NDPERS cannot cancel a policy for a partial month or do a retroactive cancellation of a policy.

PART E APPLICANT AUTHORIZATION

I have read this application in its entirety, including the back page, and certify the information is accurate and complete. I understand and agree that any false statements or omissions may constitute a fraudulent act or intentional misrepresentation and may void or retroactively cancel any benefit issued based on this application.

Signature of Applicant (Electronic Signatures will <u>not</u> be accepted)	Date
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PART A APPLICANT INFORMATION

For applicant identification, please provide all requested information.

PART B EFFECTIVE DATE OF CHANGE

- Indicate the qualifying event date or requested change effective date (actual effective date of coverage will be determined by NDPERS based on plan provisions).

PART C QUALIFYING COBRA EVENT/REASON FOR CHANGE

1. Check the box that describes the event that qualifies you for continuation coverage.
2. Indicate the group insurance plan(s) you are electing for COBRA continuation coverage.
3. Check the level of coverage. If you are not applying for the coverage, check the decline/cancel box.
4. List all covered individuals, including yourself. You may elect COBRA continuation coverage for only those family members that were covered on the plan at the time of the qualifying event.

PART D PAYMENT METHOD

Withhold from bank account: You must complete the banking information.

If a payment option is not selected, you will be required to submit premium by the 1st of each month. You will not receive a billing from NDPERS. Your COBRA continuation coverage will not be effective until the initial premium payment is received for all months due. **Failure to remit your premium by the due date of the 1st of the month will result in loss of insurance coverage.**

NDPERS requires that the same bank account be used for all insurance premiums with that same payment method.

PART E APPLICANT AUTHORIZATION

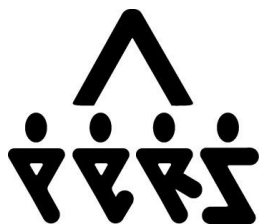
Employees terminating employment, or individuals otherwise losing eligibility may continue their NDPERS Group Health Coverage at their own expense subject to the following:

1. You must be a member of the plan at time of loss of eligibility.
2. Your spouse or any other dependent(s) applying for this COBRA continuation coverage must be a member of the plan at the time of loss of eligibility.
3. You must complete and submit this election form to NDPERS within 60 days from your last date of coverage.
4. There must not be a lapse in coverage, i.e. premiums must be paid to ensure continuous coverage.

If you do not choose continuation coverage, your group health insurance coverage will end on the last day of the month for which premiums were paid.

You must sign and date this form for it to be valid. Electronic signatures will not be accepted.

ORIGINAL TO NDPERS – PLEASE RETAIN A COPY FOR YOUR RECORDS

**AUTHORIZATION FOR AUTOMATIC PREMIUM DEDUCTION**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50134 (Rev. 10-2024)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657

(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov**PART A PARTICIPANT IDENTIFICATION**

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

PART B MEMBER AUTHORIZATION

NDPERS requires that the same bank account be used for all premiums with that payment method. I authorize the following insurance premium(s) to be withheld from the Financial Institution indicated in Part C of this authorization:

☐ Health & Prescription Drug Plan ☐ Life ☐ Dental ☐ Vision

This authorization will remain in effect until the member notifies NDPERS in writing to cancel it in such time as to afford NDPERS a reasonable opportunity to act on it. **The premium amount will be deducted from the bank account by the 5th (fifth) day of each month or the next working day if the 5th (fifth) is on a weekend or a holiday.** Your financial institution may charge an additional fee for this service.

I agree to the terms listed on this authorization. I **authorize NDPERS to update any other insurance premiums currently being withheld from another bank account with this new Financial Institution information, even if the insurance is not marked above.** Any insurances with an alternative method of payment (not withheld from a bank account) will remain the same unless marked above.

Effective Date of Change (mm/01/yyyy) _____ (must be first of month)

Actual effective date of change will be determined by NDPERS based on processing deadlines. If NDPERS cannot implement change for date requested, change will be made for next available billing.

Member's Signature (Electronic Signature will <u>not</u> be accepted)	Date
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PART C FINANCIAL INSTITUTION INFORMATION

Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible.

Financial Institution Name	Financial Institution Routing Number (must be 9 digits)
Type of Account & Account Number <input type="checkbox"/> Checking Account Number	<input type="checkbox"/> Savings Account Number

Attach a Voided Check Here for Checking Account (Optional).
Deposit slips will not be accepted.

IMPORTANT NOTICE - This form is to be used only for North Dakota Public Employees Retirement System Group Insurance Deductions. **THIS FORM ONLY AUTHORIZES DEDUCTIONS FROM YOUR ACCOUNT.**

INSTRUCTIONS AND CONDITIONS

If you wish to have your monthly insurance premiums deducted from your savings or checking account, you must complete this form to authorize this action. The North Dakota Public Employees Retirement System (NDPERS) requires that the same bank account be used for all premiums with this payment method. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

PART A PARTICIPANT IDENTIFICATION

For member identification, please provide all requested information.

PART B MEMBER AUTHORIZATION

Check the type of insurance premium(s) you are requesting to be withheld from your bank account. Any insurances currently set up to be withheld from a bank account will be updated to the new bank information provided even if not marked in this section. Indicate effective date for premium deduction to take effect. Sign and date the form.

PART C FINANCIAL INSTITUTION INFORMATION

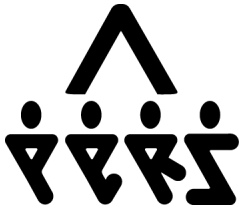
You may attach a voided check if you select a checking account.

CANCELLATION INSTRUCTIONS

When entered in your record with the North Dakota Public Employees Retirement System, this authorization will remain in effect until canceled by written notice by you to the North Dakota Public Employees Retirement System, or in the event of your death. The financial organization should also be notified if you cancel this agreement.

The financial organization may cancel their agreement by providing you a written notice 30 days in advance of the cancellation date. You must advise the North Dakota Public Employees Retirement System if this authorization is canceled. The financial organization cannot cancel this authorization by advice to the North Dakota Public Employees Retirement System.

The form is due back in our office by the 15th of the month prior to the month the new account will take effect.



CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53512 (Rev. 09-2021)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657

(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

PART A PARTICIPANT/QUALIFIED BENEFICIARY INFORMATION

Name (Last, First, Middle)	PeopleSoft Employee ID (Required)	NDPERS Member ID
Last Four Digits of Social Security Number		Date of Birth (mm/dd/yyyy)

PART B CONTINUATION OF COVERAGE ELECTION / WAIVER

If you elect Medical Spending Continuation coverage, it will be in effect to the end of the current plan year, or December 31.

Do you wish to continue your current participation in the NDPERS Flexcomp Plan Medical Spending Account? ☐ Yes ☐ No

- ☐ I wish to pre-pay the premium through the end of the plan year with pre-tax dollars deducted from my final pay checks.
- ☐ I will pay the premium plus a 2% administration fee with after-tax dollars through the remainder of the plan year.

PART C AUTHORIZATION OF APPLICANT

I have read the information in its entirety, **including the back page**, and agree to abide by the terms of the Plan Document. I understand that if I have elected to pre-pay the premium from my final paychecks, that NDPERS will contact my employer to notify them of my election and to discuss termination processing. I certify, under penalties of perjury, that the information submitted on this form is true, correct and complete.

Applicant's Signature (Electronic Signatures will not be accepted)	Date
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Entitlement to COBRA Coverage

Under provisions of the Internal Revenue Service (IRS) COBRA regulations, you have the opportunity to extend your participation in the Medical Spending Account to the end of the current plan year.

The employer has the responsibility to notify NDPERS of a participant's death, termination, or reduction in hours of employment.

Qualified Beneficiaries Your spouse or dependent(s) may elect to continue coverage in a medical spending account under the following circumstances:

1. Participant's death.
2. Divorce or legal separation.
3. A dependent child ceases to be a "dependent child" under the group health plan.

If you elect COBRA continuation, your premium payment will be based on the annual election amount in existence at the time of the qualifying event.

Under the law, it is the responsibility of the person seeking continuation coverage to inform NDPERS of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event. If you are interested in COBRA continuation coverage, contact NDPERS for more information.

Length of COBRA Coverage

You, your spouse or dependent(s), are eligible to receive continuation coverage until the end of the plan year, or December 31, in which the qualifying event occurred. If you have paid your premium through the end of the year on December 31 and have a balance in your account, you have the option to have eligible expenses incurred during the "grace period", from January 1 through March 15 of the new plan year, reimbursed from that remaining balance. You will have until April 30 to submit claims. Any amount remaining in your medical spending reimbursement account after the April 30 claims filing deadline is forfeited.

COBRA Coverage Premiums

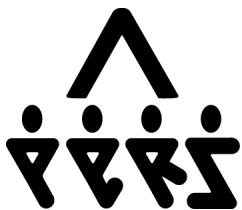
Employees who elect COBRA continuation coverage are permitted to pre-tax the COBRA premium and pre-pay the premium through the end of the current plan year from their final paychecks.

To pay the premium with after-tax dollars throughout the plan year, submit the premium amount plus a two percent (2%) administrative fee by the first of each month. If you fail to pay the premium on time, your coverage will terminate on the last day of the month for which a contribution was received.

Continuation coverage under COBRA is provided subject to your eligibility. NDPERS reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage.

You will have 60 days from the date of this notice to inform NDPERS that you want continuation coverage.

IF YOU DO NOT RETURN THIS ELECTION FORM WITHIN 60 DAYS OF THE DATE OF THIS NOTICE YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE

**457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 3803 (Rev. 12-2024)

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)
Preferred phone number	Preferred email address
Organization Name	NDPERS Organization ID

PART B PROVIDER INFORMATIONChoose one: ☐ Empower Companion Plan ☐ Bravera ☐ Nationwide ☐ Bank of North Dakota☐ Grandfathered State of ND 457 plan. Enter Provider Name: _____
* not available to newly enrolling members

SFN 3803 must be completed for each provider if participating with more than one provider.

Agent Name (no agent can be named for the Companion plan)	Agent Telephone Number and/or email
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PART C**COMPLETE IF NEWLY ENROLLED AFTER DECEMBER 31, 2024 IN THE DEFINED CONTRIBUTION PLAN**☐ I am enrolled in the Defined Contribution Plan 2025 Tier 3. If applicable, I elect my employer match to be sent to the provider selected above.

Participant's Signature (Electronic Signature will <u>not</u> be accepted)	Date (Must be prior to the date on Part F)
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PART D CHECK ALL THAT APPLY

<input type="checkbox"/> 1. New Application <input type="checkbox"/> 2. Increase Deduction <input type="checkbox"/> 3. Decrease Deduction <input type="checkbox"/> 4. Suspend Deduction (Includes full-time to part-time) <input type="checkbox"/> 5. Lump sum Sick & Annual Leave <input type="checkbox"/> Exclude Regular Monthly Deduction Required for lump sum sick and annual leave-Last Date of Employment ____/____/____ (date required) * contact your employer in order for your lump sum deduction to be entered correctly.	<input type="checkbox"/> 6. Age 50 or older: Annual Catch-up <input type="checkbox"/> 7. Regular 3 Year Catch-up <input type="checkbox"/> 8. Provider Change <input type="checkbox"/> 9. Change in Agent only <input type="checkbox"/> 10. USERRA Missed Contributions
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PART E CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION**Must be completed if you checked 1, 2, 3, 5, 6, 7, or 10 in Part D**

A. Annual Gross Pay	\$ _____
B. Less Employer Retirement Contributions made under an IRC 414(h) arrangement (use most recent pay stub)	\$ _____
C. Includable Compensation (subtract B from A)	\$ _____
D. Maximum Annual Allowable Deduction: D1. Lesser of 100% of Includable Compensation or annual maximum limit (see annual limits on back of form). Enter the lesser of D1 but not less than the minimum annual deduction of \$300.00 (\$25.00) per month	\$ _____
E. Pay Period Deduction (D divided by number of pay periods in calendar year)	\$ _____

PART F SALARY REDUCTION AUTHORIZATION

Must be completed if you checked 1, 2, 3,5, 6,7, or 10 in Part D

Authorization for deductions must be made in the month prior to the pay period in which the income is earned.

☐ I authorize my employer to reduce my salary.

Amount Per Pay Period (must be higher than \$25/month) \$	Pay Period Beginning Date (Not Date Paid) mm/dd/yyyy
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(The signature date in Part G must be in the month prior to the pay period date entered here.)

With regard to this agreement, the Participant acknowledges the following:

- I understand that my salary will be reduced each pay period by the amount authorized above. The deduction cannot be changed or stopped without an authorized participant agreement form returned to payroll from NDPERS.
- I understand the accumulated deferred salary is credited to my account and is not available to me or my beneficiary(ies) until I separate from service, unless, I should experience an unforeseeable emergency and a distribution is approved by the NDPERS Board.
- I acknowledge that the Retirement Board makes no recommendation as to any provider and understand that the Retirement Board does not warrant or guarantee the investment performance of any provider.
- I understand that all compensation deferred under the Plan, and all earnings accruing thereof, shall be held for the exclusive benefit of myself or my Beneficiary, until such time as it is made available to me pursuant to the terms of the Plan.
- I understand that this agreement includes the beneficiary forms as executed with and maintained by my provider.
- I authorize NDPERS to contact my employer to confirm my last date of employment for any lump sum payout (#10 above), if not provided, and the North Dakota Office of Management and Budget, if necessary, to insure the authorized amount is withheld from my paycheck.

PART G PARTICIPANT AUTHORIZATION

I verify that the foregoing statements are true and correct to the best of my knowledge and belief and are subject to the laws and penalties governing any misrepresentations and fraud.

This form must be dated in the month prior to a lump Sum payout (Part D #5 or the date listed in Part F.)

Participant's Signature (Electronic Signature will <u>not</u> be accepted)	Date (Must be prior to the date on Part F)
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ANNUAL LIMITS

Annual Limit for 2025: \$23,500
Age 50+ Limit for 2025: \$31,000
Regular 3 Year Catchup: \$47,000 Regular 3 Year Catchup
must be within three (3) year prior to the year in which you retire.

PART A MEMBER INFORMATION

For member identification, please provide all requested information.

PART B PROVIDER INFORMATION

Eligible 457 Providers include Empower Companion Plan, Bravera, Nationwide and Bank of North Dakota. If you have an account with a grandfathered State of ND 457 plan, please list the plan. Grandfathered plans are not available to newly enrolling members.

If you check 'New Application in Part C, you must first select and contact one of the eligible providers for the plan. The provider representative you select will assist you in completing the required forms to open an account.

PART C

ELIGIBLE FOR DEFINED CONTRIBUTION PLAN 2025 (TIER 3 DC 2025)

NDCC 54-52.6-01 defines an eligible employee who is first enrolled effective January 1, 2025, in the Defined Contribution Plan as having the same meaning as provided under section 54-52-02.15. According to 54-52.6-09, all eligible employees of a participating employer must be immediately enrolled in the NDPERS Defined Contribution Plan within the first month of employment.

Per NDCC 54-52-02.15, "eligible employee" means a permanent employee who meets the following:

- 1) is at least eighteen years of age;
- 2) becomes a participating member after December 31, 2024 and
- 3) is not eligible to participate in the law enforcement plan, judges' plan, highway patrol plan, teachers' fund for retirement plan, or alternative retirement plan established under section 15-10-17 for university system employees.

After December 31, 2024, under 54-52.6-02.1, eligible employees includes the following:

- 1) Temporary or Part-time employees within 180 days of beginning employment must complete the Agreement/Waiver of Participation for Optional Defined Contribution Retirement Plan SFN 54366.
- 2) Elected or appointed state officials enrolled for the first time, from and after the date that individual qualifies and takes office.
- 3) Nonstate appointed officials of participating employers within the first month of taking office.

Elected officials specifically of participating counties, at their individual option, may enroll within the first six months of their term.

The employee must sign and date this section.

Defined Contribution 2025 (Tier 3 DC 2025): participation in a NDPERS State of ND 457 Plan also allows up to a 3% match from my employer if election in the Defined Contribution Plan was not maximized within the first 30 days of employment.

Part D CHECK ALL THAT APPLY
Check the applicable box(s).

Box 5 lump sum payout - please indicate if your regular monthly deduction for that same month should be excluded. NDPERS requires that you also enter your last date worked or authorize NDPERS to contact your employer in order for your lump sum deduction to be entered correctly.

Box 7 Regular 3 Year Catch-up –457 Deferred Compensation Catch-up Worksheet SFN 51501 MUST accompany this form.

Box 8 Provider Change - YOU MUST complete 2 Participant Agreement forms: *One for the new provider & √ 'New Application' 2. One to stop contributions to old provider & √ 'Suspend Deduction.'

Box 9 Change in Agent only - Complete Part A, B & F of this form

Note: All Defined Benefit Retirement Plans - enrollment automatically maximizes retirement savings by vesting in the employer's contribution through Portability Enhancement Provision (PEP).

Defined Contribution (Tier 1 DC) or Defined Contribution 2020 (Tier 2 DC2020) - there is no matching, PEP or employer match.

Defined Contribution 2025 (Tier 1 DC2025) – there is a matching employer contribution, up to 3% (if not matched at 3% in the DC plan).

PART E CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

The minimum contribution is \$25.00 per month. The maximum regular annual contribution limit is the lesser of 100% of annual compensation or the annual maximum limit indicated above.

PART F SALARY REDUCTION AUTHORIZATION

The IRS regulations require you to make your deferral election in the month prior to the month the salary is earned.

PART G PARTICIPANT AUTHORIZATION

Sign where indicated. If you completed Part E, your signature must be dated in the month prior to the month entered in that section.

Defined Benefit Plan and Defined Contribution Plan: The employee's signature in this section **will authorize** a reduction in the employee's monthly wage and contribution to a deferred compensation plan.