

**NOTICE OF CHANGE - MEMBER DATA RECORD**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 10766 (Rev. 02-2025)

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

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PART A MEMBER INFORMATION

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

PART B ADDRESS CHANGE

Mailing Address	Effective Date of Address Change	
City	State	Zip Code

PART C MARITAL STATUS CHANGE

<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, Spouse's Name _____	Effective Date of Marital Status Change
Complete SFN-2560 Applicable Group Insurance Application(s) & SFN-53855 Designation of Beneficiary(ies)	
(Marital status is determined in accordance with North Dakota Law.)	
(Effective date of marital status change is required.)	

PART D NAME CHANGE

Former Name (Last, First, Middle)	New Name (Last, First, Middle)
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PART E TELEPHONE NUMBER CHANGE

Cell Phone Number with Area Code	Home Phone with Area Code	Work Phone with Area Code
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PART F E-MAIL CHANGE

E-Mail Address

PART G CONTACT CHANGE

In case of death or incapacity, please designate a contact. If married, spouse is required to be the Contact. Social security number, date of birth, and gender also required.		
* In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.		
Contact Name	Relationship to Member	
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Same Address as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate	Contact Address	
Same Telephone as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate	Contact Telephone Number	

PART H AUTHORIZATION

To the best of my knowledge and belief, the information I have provided on this form is correct.	
Signature of Member or Authorized Agent (Electronic Signature <u>not</u> accepted)	Date

INSTRUCTIONS

Part A Member Identification

Enter member's current name, NDPERS member ID (if known), date of birth, and last four digits of social security number, and employer name.

Part B Address Change

Enter effective date.

Enter member's new mailing address.

Part C Marital Status Change

Enter effective date.

If widowed, please provide spouse's name.

In cases of marital status change, it is necessary that the member complete new designations of beneficiary. SFN-2560 DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN and/or SFN-53855 LIFE INSURANCE DESIGNATION OF BENEFICIARY

Note that for purposes of SFN-10766, "marital status" is determined in accordance with North Dakota law.

Part D Name Change

Enter member's former and new name. Use full name, including middle name.

Part E Telephone Number Change

Enter new telephone number(s).

Part F E-Mail Change

Enter new e-mail address. (NDPERS maintains only one e-mail address on the member record)

Part G Contact Change

Enter new contact information. If married, the spouse is required to be the contact.

Part H Authorization

Either the employer's authorized agent or the member must sign SFN 10766 to be valid. Electronic signature will not be accepted.