



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 17029 (Rev. 01-2025)

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

PART A ORGANIZATION IDENTIFICATION

Organization Name	NDPERS Organization ID
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PART B APPOINTMENT / REMOVE

Effective Date	
<input type="checkbox"/> Remove Authorized Agent	Previous Authorized Agent Name
<input type="checkbox"/> Add New Authorized Agent	Name of New Authorized Agent

PART C NEW AUTHORIZED AGENT INFORMATION

E-Mail Address	Telephone Number	Extension
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PART D SIGNATURE OF NEW AUTHORIZED AGENT

Signature of Authorized Agent (Electronic signature not accepted)	Date of Signature
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PART E APPOINTMENT TYPE

<input type="checkbox"/> Primary Authorized Agent (1 per Organization)	<input type="checkbox"/> Authorized Agent
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PART F ROLE TYPE

<input type="checkbox"/> Accounting (payroll submission/wage verification)	<input type="checkbox"/> Human Resources (eligibility/enrollment)
<input type="checkbox"/> Executive Personnel (Director, Mayor, Superintendent)	<input type="checkbox"/> Other (administrative)

PART G PLAN

<input type="checkbox"/> Retirement Plans	<input type="checkbox"/> Deferred Compensation Plans
<input type="checkbox"/> Insurance Plans	<input type="checkbox"/> FlexComp Plan

PART H CERTIFICATION BY EXECUTIVE PERSONNEL

I certify that the above-named authorized agent or contact is designated to act in this capacity for this organization.

Printed Name of Executive Personnel/Contracting Authority and Position/Title	
Signature of Executive Personnel/Contracting Authority (Electronic signature not accepted)	Date of Signature

PART A ORGANIZATION IDENTIFICATION

Name of Organization and NDPERS Organization ID. Please include any leading zeros in the ID number.

PART B TYPE OF APPOINTMENT

Indicate the effective date of the appointment or removal. Check the box that identifies the type of appointment and list the applicable name of authorized agent.

PART C NEW AUTHORIZED AGENT INFORMATION

Please type the email address, phone number with extension if applicable to be used by NDPERS. It is a requirement that you provide an email in this section as NDPERS provides information and updates via email. If printed, the provided information needs to be legible to be processed.

PART D SIGNATURE OF NEW AUTHORIZED AGENT

New Authorized Agent must sign and date.

PART E AUTHORIZED AGENT TYPE

Check the box that identifies the type of the Authorized Agent.

PART F ROLE TYPE

Check the box(es) that identifies the role of the Authorized Agent.

PART G PLAN

Check the NDPERS plan(s) the new Authorized Agent is to access. Check all boxes that apply.

PART H CERTIFICATION BY EXECUTIVE PERSONNEL

The organization executive personnel/director must print name, sign and date this section for this form to be valid. The executive personnel/director should also indicate their position or title. If the employer is controlled by a contracting authority or group, please note that a signature by a member in this contracting authority or group is required. This signature indicates that the authority or group has voted to approve this appointment.