



AUTHORIZATION FOR DIRECT DEPOSIT FOR ANNUITY PAYMENTS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 18379 (Rev. 06-2020)

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 or (800) 803-7377 • Fax (701) 328-3920

PART A PARTICIPANT IDENTIFICATION & AUTHORIZATION

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN}	Date of Birth (mm/dd/yyyy)
Type of Account: <input type="checkbox"/> Member <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Beneficiary <input type="checkbox"/> Alternate Payee	
I authorize the following amount to be deposited to the Financial Institution indicated in Part B of this authorization. Amount of Benefit to be Deposited <input type="checkbox"/> 100% <input type="checkbox"/> _____% <input type="checkbox"/> \$_____	
(If you do not select the amount of benefit to be deposited, NDPERS will deposit 100% into the account noted below.)	

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

I authorize NDPERS and/or TPA to initiate, a reversal or debit entry for all or any portion of any credit entry made in error to my 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 or TPA for any credit entry made in error subsequent to my death, I authorize my financial institution to release to NDPERS or TPA 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 or TPA of my death.

This authorization will remain in effect until I notify NDPERS or TPA in writing to cancel it in such time as to afford NDPERS or TPA a reasonable opportunity to act on it.

I understand this form is due back in the NDPERS Office by the 15th of the month prior to the month I want to begin my direct deposit. I agree to the terms listed on this authorization.

Signature of Annuitant/Payee (Electronic Signatures will <u>not</u> be accepted)	Date
--	------

PART B FINANCIAL INSTITUTION INFORMATION

Please write clearly and verify information for accuracy. Form will be returned if information provided is illegible. NDPERS is not responsible for delayed payments.

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

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

INSTRUCTIONS AND CONDITIONS

IMPORTANT NOTICE - This form is to be used only for North Dakota Public Employees Retirement System (NDPERS) Benefit Payments.

You must complete this form to authorize NDPERS and the third party administrator (TPA) to send your retirement benefit payment(s) to your financial organization for deposit into your savings or checking account. NDPERS will forward your retirement payments and the TPA will reimburse your retiree health insurance credit (RHIC) payments to the institution you authorize. The financial organization may be any bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union.

THIS FORM DOES NOT AUTHORIZE INSURANCE PREMIUM WITHDRAWALS FROM YOUR ACCOUNT.

PART A PARTICIPANT IDENTIFICATION & AUTHORIZATION

- For member identification, please provide all requested information.
- Check if you want 100% or a portion of your benefit to be direct deposited in the financial institution indicated in Part B.
- Check the type of account and print account number and routing number for the account in which this payment is to be deposited.
- Sign and date the form.

PART B FINANCIAL INSTITUTION SECTION

Enter the routing number of your financial institution. Then, select the type of account where your funds will be deposited. You may attach a voided check if you would like to deposit your funds in a checking account.

CANCELLATION INSTRUCTIONS

When entered into 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. Your 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.

FINANCIAL INSTITUTION

Immediate credit will be given the first working day of each month through your correspondent bank account at the Bank of North Dakota.