

**MEMBER ACTION FORM (001)**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 50981 (5-03)

Please see reverse side for important information on death benefits, naming a beneficiary, and purchasing refunded service credit. 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. § 3402. The individual's social security number is used for tax reporting and as an identification number.

| | | | | |
|--|-------------|--------------------------------------|-------------------|-------------------------------|
| Name (First, Middle, Last) | | Social Security Number | Sex | Birth Date |
| Mailing Address (Street or Box) | | City | State | Zip Code |
| School District (Name and Employer Number) | | Work Phone Number | Home Phone Number | |
| Married <input type="checkbox"/> Single <input type="checkbox"/> | Maiden Name | Name of Spouse (First, Middle, Last) | | Spouse Social Security Number |

1. I am a (Check only one if applicable):
☐ New, first time TFFR member.
☐ Active TFFR member changing or adding an employer.
☐ Inactive TFFR member returning to employment.
☐ Retired TFFR member returning to employment.
☐ Refunded TFFR member returning to employment.
2. ☐ I am on a leave of absence for school year(s) _____.
☐ I am returning from a leave of absence.
3. I have previous North Dakota State employment experience covered by Public Employees Retirement System (PERS) or Highway Patrol Retirement System (HPRS). ☐ Yes ☐ No Where _____ When _____
4. I am naming or updating my beneficiary designation. ☐ Yes ☐ No

| Primary Beneficiary(ies) | Relationship | Social Security No. | Date of Birth | % Share | Address |
|--------------------------|--------------|---------------------|---------------|---------|---------|
| | | | | 0% | |
| | | | | 0% | |
| | | | | 0% | |
| Total must equal | | | | 100% | |

SPOUSAL CONSENT

If you are married and designate a beneficiary other than your spouse, your spouse must consent in writing to the alternate beneficiary (NDCC 15-39.1-04).

I have read and understand the death benefit information on the reverse side. I consent to the above named beneficiary(ies) designated by the above named TFFR member.

Signature of Spouse

Date

MEMBER'S SIGNATURE

I have read and understand the death benefit information on the reverse side. I designate the above named beneficiary(ies) to my TFFR account.

Signature of Member

09/26/2008

Date

RETURN TO:

ND Retirement and Investment Office
1930 Burnt Boat Drive, P.O. Box 7100
Bismarck, ND 58507-7100

Telephone: 701-328-9885
Toll free: 800-952-2970
Fax: 701-328-9897
www.discovernd.com/rio

This form is available in an alternate format upon request.

White - RIO

Yellow - Member