

**NOTICE OF TERMINATION**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 17144 (2-2022)

Name (First, Middle, Last)	Person ID		Date of Birth
Primary Mailing Address	City	State	ZIP Code (9-digit)
Home Email Address	Last Date Worked in N.D.		Primary Telephone Number

My last day of TFFR-covered employment is listed above. I am not under contract with a North Dakota public school or state institution for the upcoming school year. I am not on a leave of absence nor teaching summer school or driver's education. I wish to have my retirement account handled in the following manner.

**Check one – see reverse side for instructions.**

- REFUND OF ACCOUNT VALUE (150)**  
I request the application forms to apply for a refund of my account value (member contributions paid plus interest). There is a 120-day statutory waiting period from the last day of employment before a refund can be issued. I understand that the waiting period may be waived.
  
- DEFERRED REFUND (161)**  
I am a nonvested member (Tier 1 member – less than 3 years of service credit in NDTFFR; Tier 2 member – less than 5 years of service credit) and wish to defer refunding my account value. I understand that I may change this election and take a refund. Nonvested members must take a refund before April 1 of the year following the year they turn age 72.
  
- DEFERRED RETIREMENT (250)**  
I am a vested member (Tier 1 member—3 or more years of service credit in North Dakota; Tier 2 member—5 or more years of service credit) and wish to defer retirement until I become eligible for benefits. I understand that I may change this election or take a refund prior to accepting my first retirement check. Vested members must take a refund or begin drawing retirement benefits before April 1 of the year following the year they turn age 72.
  
- DISABILITY RETIREMENT (260)**  
I am a member with five or more years of North Dakota service credit and would like information on TFFR disability retirement. I understand that a disability application form must be filed within 36 months from my last day of covered employment.

**If you have terminated TFFR covered employment and want to begin regular retirement benefits, this form is not required. Please review the TFFR Retirement Guide and complete the TFFR Retirement Application form.**

Signature of Member	Date
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**RETURN TO:**

ND Retirement and Investment Office  
PO Box 7100  
Bismarck ND 58507-7100

Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897  
Email: rio@nd.gov

This form is available in an alternate format upon request.

## **Instructions to Complete Notice of Termination Form**

### **Refund of Account Value**

Select this option if you have terminated TFFR covered employment and would like to refund your TFFR account value which forfeits any vested lifetime monthly retirement benefits you have accrued. A Refund Application and tax information will be sent to you.

### **Deferred Refund**

Select this option if you have terminated TFFR covered employment and would like to apply for a refund of your account value at a later date. Your account value will continue to earn interest until the refund is processed.

### **Deferred Retirement**

Select this option if you have terminated TFFR covered employment and would like to apply for retirement benefits at a later date. Your TFFR account value will continue to earn interest until retirement payments begin.

### **Disability Retirement**

Select this option if you would like to have TFFR disability information sent to you. The disability information will include a TFFR disability benefit estimate and the paperwork you, your employer, and your doctor need to complete.

**If you have any questions, please contact the administrative office.**