



**NDTFFR RETIREMENT APPLICATION (240)**  
 NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
 TEACHERS' FUND FOR RETIREMENT DIVISION  
 SFN 61500 (11-2019)

**SECTION A - PERSONAL INFORMATION**

Disclaimer - Please read the TFFR Retirement Guide before completing the application. Purchase of service credit must be complete before you retire. 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. Penalty for not including the Social Security Number may cause the application to not be processed.

Social Security Number		TFFR Person ID		Date of Birth	
Name (Last, First, MI)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City	State	ZIP Code
Work Telephone Number			Primary Telephone Number (home/cell)		
Work Email Address			Personal Email Address		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Name of Spouse (Last, First, MI)		Spouse's Social Security Number	
				Spouse's Date of Birth	

**SECTION B - EMPLOYMENT INFORMATION (Complete if active TFFR member)**

Name of Current TFFR Employer(s)		Last Day of Employment
<p>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 or teaching summer school or driver's education.</p> <p>If the last day of employment is the 1<sup>st</sup> – 14<sup>th</sup>, the retirement date is the 15<sup>th</sup> day of month. If the last day of employment is the 15<sup>th</sup> – 31<sup>st</sup>, the retirement date is the 1<sup>st</sup> of the following month.</p>		

**SECTION C - REGULAR RETIREMENT INFORMATION**

Retirement Date	<input type="checkbox"/> I am also interested in the Partial Lump Sum Option (PLSO)	<input type="checkbox"/> I am also interested in the Level Income Option (include a Social Security benefit estimate)
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**SECTION D - REQUIRED DOCUMENTS (Send legible photo copies with application. Do not send originals.)**

- Member's proof of age (send one) - Passport, Birth Certificate, Baptismal Certificate, or Military Discharge
- Beneficiary's proof of age - if selecting a Joint and Survivor Option (send one listed above)
- Teaching contract(s) for current school year - including extracurricular activity pay or additional salary
- Salary Verification - Pending Retiree Form (give to employer to complete)
- Letter of resignation
- Employer's acceptance of your resignation
- Early Retirement Incentive Agreement (if applicable)

**For office use only**

<input type="checkbox"/> T1G	<input type="checkbox"/> T1NG	<input type="checkbox"/> T2	BN
<input type="checkbox"/> Age 70+	<input type="checkbox"/> HS	<input type="checkbox"/> Service	TW
<input type="checkbox"/> 415 Limit/Dual			DD
Date Email Sent	Dual Method	Option	
Date Enrollment Sent	<b>T</b>	<b>M</b>	Final Letter Sent <input type="checkbox"/>

**SECTION E - DESIGNATION OF BENEFICIARY** - If married and designate a beneficiary other than your spouse, your spouse must sign at the bottom of page 3 to consent to the alternate beneficiary (NDCC 15-39.1-17). See TFFR Retirement Guide for additional information.

Primary Beneficiary(ies)	Relationship	Social Security Number	Date of Birth	Gender	Share (total must equal 100%)	Telephone Number
Contingent Beneficiary(ies) (optional)	Relationship	Social Security Number	Date of Birth	Gender	Share (total must equal 100%)	Telephone Number

**SECTION F - TAX WITHHOLDING** (See TFFR Retirement Guide for additional information.)

**Federal Income Tax Withholding**

- 1) I elect **NOT** to have federal income tax withheld from my pension payment (Do not complete lines 2 or 3.)
- 2) I want federal income tax withheld from each periodic pension payment which is figured by using the number of allowances and marital status shown below. (You may also designate an additional dollar amount on line 3.)

<b>Step 1:</b> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate
<b>Step 2:</b> Number of Allowances (if left blank, 0 allowances will be used)

- 3) Additional amount, if any, you want withheld from each periodic pension payment (must complete line 2 to enter amount here) \$ \_\_\_\_\_

**North Dakota State Income Tax Withholding**

- 1a) I elect **NOT** to have North Dakota income tax withheld from my pension payment (Do not complete lines 2a or 3a.)
- 2a) I want North Dakota income tax withheld from each periodic pension payment based on the number of allowances and marital status shown on line 2 above.
- 3a) Additional amount, if any, you want withheld from each periodic pension payment (must complete line 2a to enter amount here) \$ \_\_\_\_\_

**SECTION G - AUTHORIZATION FOR DIRECT DEPOSIT OF PERIODIC PENSION PAYMENTS**

I authorize the North Dakota Teachers' Fund for Retirement (TFFR) and financial institution named on this form to initiate electronic fund transfer of my monthly retirement benefits to my account indicated below.

Account (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number	Payee's Account Number
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I authorize TFFR to initiate a reversal or debit entry for all or any portion of any credit entry made in error to the 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 TFFR for any credit entry made in error, I authorize my financial institution to release to TFFR 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.

This authorization must be received by TFFR ten (10) working days prior to the first of the month for the payment to be deposited. This authorization may be changed by completing a new Authorization for Direct Deposit.

FINANCIAL INSTITUTION INFORMATION  
U.S. Financial Institutions Only

**Please Attach a Voided Check Here**

(Deposit slips will not be accepted)

**IF YOU DO NOT ATTACH A VOIDED CHECK OR IF DEPOSITING INTO A SAVINGS ACCOUNT, A REPRESENTATIVE FROM THE FINANCIAL INSTITUTION MUST COMPLETE SECTION BELOW AND SIGN.**

Name of Financial Institution	Telephone Number
Financial Institution Signature	Date

**SECTION H - SIGNATURES**

**I have read the instructions in the TFFR Retirement Guide prior to completion of this application. I understand the NDTFFR Retirement Application SFN 61500 should be submitted to NDTFFR 4 months prior to my retirement date. Failure to do so may result in a delayed retroactive payment. By accepting a monthly retirement payment, you are no longer eligible for a refund of your account value.**

Member's Signature	Date
Spousal Consent to Alternate Beneficiary (if NOT named the Primary Beneficiary)	Date

**COMPLETION OF STEP 1 OF THE TFFR RETIREMENT PROCESS**

**RETURN TO:**

ND Retirement and Investment Office  
3442 East Century Avenue  
PO Box 7100  
Bismarck ND 58507-7100

Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897

[www.nd.gov/rio](http://www.nd.gov/rio)