

The background features a dark, textured collage of white line drawings. On the left, there is a globe, a stack of books, and a percentage sign. On the right, there is a microscope. In the center, there are various geometric shapes and symbols. A large, solid yellow rectangle is positioned at the bottom of the page.

# **How to Apply for Retirement Benefits**

# Step 1

- Submit the Retirement Application form to the TFFR office at least 120 days prior to retirement.



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

SECTION A - PERSONAL INFORMATION			
<small>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.</small>			
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
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.	
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.	

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)

SECTION D - REQUIRED DOCUMENTS (Send legible photo copies with application. Do not send originals.)	
<input type="checkbox"/> Member's proof of age (send one) - Passport, Birth Certificate, Baptismal Certificate, or Military Discharge	
<input type="checkbox"/> Beneficiary's proof of age - if selecting a Joint and Survivor Option (send one listed above)	
<input type="checkbox"/> Teaching contract(s) for current school year - including extracurricular activity pay or additional salary	
<input type="checkbox"/> Salary Verification - Pending Retiree Form (give to employer to complete)	
<input type="checkbox"/> Letter of resignation	
<input type="checkbox"/> Employer's acceptance of your resignation	
<input type="checkbox"/> 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	T	M	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.)

Step 1: Marital Status ☐ Single ☐ Married ☐ Married, but withhold at higher single rate

Step 2: 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
--------------------------------------------------------------------------------------------	----------------	------------------------

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)



Along with this form, furnish a **copy** of the following documents:

- ❖ Proof of age – birth or baptismal certificate, military discharge, or passport
- ❖ A copy of your driver's license is **NOT** acceptable.
- ❖ Proof of beneficiary's age – if one beneficiary is named and interested in joint survivor options





❖ Teaching and extra-curricular contract(s) for current school year

[NAME OF DISTRICT] TEACHER'S CONTRACT

THIS AGREEMENT is made and entered into on the 1st day of April, 2020, (to be completed by teacher upon return of contract) between Jane Teacher, a duly qualified teacher (hereinafter called TEACHER) holding a valid North Dakota Teachers License Number 111111, and the Any City Public School District (hereinafter called the SCHOOL DISTRICT).

1. DURATION: The SCHOOL DISTRICT hereby contracts to teach in said SCHOOL DISTRICT during the school year for a term of 2020-21 [days] [months], beginning on August 20, 2020. In addition, the TEACHER shall attend professional development on the following dates at times specified by the superintendent or building principal:

2. SALARY: The School Board of said SCHOOL DISTRICT agrees to pay said TEACHER an annual salary of Dollars, payable in 10 equal installments as follows: \$70,000.00

3. ASSIGNMENT(S): The above-named TEACHER agrees to faithfully perform such services as may be reasonably assigned by the School Board or its designated representative(s) during the life of this contract, including teaching assignments for which said TEACHER is highly qualified.

4. EXTRACURRICULAR ASSIGNMENTS: The following extracurricular assignments are included as an integral part of this contract, with additional compensation as specified:

POSITION	ADDITIONAL COMPENSATION
	\$
	\$
	\$

Extracurricular assignments are not subject to the continuing contract law.

5. COMPLIANCE WITH POLICIES: TEACHER agrees to comply with all policies of the SCHOOL DISTRICT, which policies shall be made readily available for review upon request by the TEACHER.

6. QUALIFICATIONS: TEACHER hereby certifies that s/he holds a valid teacher's license issued by the North Dakota Education Standards and Practices Board (ESPB) and is highly qualified as defined and required by No Child Left Behind Act of 2001 and ESPB.

7. ADDITIONAL TERMS OF EMPLOYMENT: The remaining terms of the TEACHER'S employment are covered by the negotiated agreement.

8. DEADLINE FOR ACCEPTANCE: This contract must be signed and returned to the business manager by 5:00 p.m. on the 15th day of April, 2020, or it will be deemed rejected (NOTE: Must be at least 30 days from the date the teacher is in receipt of this document).

Include only if one of the following conditions apply: [Option 1: The TEACHER acknowledges that this contract is entered into for the purpose of replacing a teacher on leave of absence or sabbatical leave] or [Option 2: The TEACHER acknowledges that the term of this contract begins on or after January 1 and does not extend beyond June 30]; therefore, the provisions of North Dakota Century Code section 15.1-15-12(3) excludes the TEACHER from the continuing contract provisions of North Dakota Century Code chapter 15.1-15.

PREPARE IN DUPLICATE

BUSINESS MANAGER

TEACHER

Any City School District

NAME OF SCHOOL DISTRICT

President of the School Board

Business Manager

Teacher

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❖ Salary verification form



**SALARY VERIFICATION – PENDING RETIREE (126)**  
NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 59158 (11-2019)

**Member:** Take this form to your employer's business manager or payroll office for completion. Discuss with them any anticipated leave without pay and/or any extra duties that may affect your current salary.

**Business Manager:** Please complete this form for a TFFR member who is retiring. List base contract salary and detail any salary additions or reductions by month. Include any salary to be earned or lost in the appropriate month. Additional pay must be documented. Please include copies of all pay documentation (contracts, board minutes authorizing payment, etc.) and any other documentation that will assist TFFR in verifying the member's current salary. Report eligible TFFR salary only.

Member Name		TFFR Person ID	Fiscal Year 7-01- through 6-30-
Annual Base Contract Salary		Number of Payments	
Estimated Last Day Worked		Estimated Number of Compensated Hours	
Month	Base Contract	Additions/Reductions to Base Contract (Do not list ineligible TFFR pay—Ex: unused leave, bus driving, etc.)	Total Eligible Contract Salary (Do not include TFFR pickup)
Example	\$3,000	\$1,000 BB Coaching; \$500 Curriculum Writing; -\$230.50 Leave W/out Pay	\$4,269.50
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total Estimated Eligible Contract Salary for Fiscal Year			\$

Name of Employer	Employer Number	Employer Model
Signature of Business Manager	Date	Telephone Number

**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

## ❖ Letter of resignation and acceptance by employer

February 24, 2021

Dear Mr. Principle and Board Members:

I am writing to inform you that I will be retiring at the end of this school year.  
I have loved my job for all these years.

I will be done effective **at the end of this current 2020-21 school year.**

Sincerely,

Jane Teacher

February 28, 2021

Dear Jane Teacher,

Thank you for your many years of service and wisdom imparted to our students.  
We won't forget you.

Good Luck!

Sincerely,

Joe School  
Business Manager

## ❖ Social Security benefit estimate – if interested in level income option



# Step 2

- TFFR will review the account including salaries and service credit.
- We may contact the employer for verification.
- Once the verification is complete, TFFR will send a letter and your enrollment form.



## ENROLLMENT FOR RETIREMENT BENEFITS (235) NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE TEACHERS' FUND FOR RETIREMENT DIVISION SFN 11726 (7-2018)

Name of Member (First, Middle, Last)		Membership Tier	Person ID	
Mailing Address		City	State	ZIP Code
Married <input type="checkbox"/> Single <input type="checkbox"/>		Name of Spouse (First, Middle, Last)		

I am retiring from TFFR-covered employment and am no longer under contract to perform teaching services in a public school or state institution in North Dakota. I request that monthly retirement benefits be paid to me as of my retirement date of \_\_\_\_\_ in accordance with North Dakota Century Code Chapter 15-39.1.

My designated beneficiary(ies) is/are:
----------------------------------------

The retirement option I have chosen is indicated by a check mark below.

- ☐ Single Life Annuity    \$ \_\_\_\_\_ per month   
 ☐ 10 Year Certain & Life    \$ \_\_\_\_\_ per month  
☐ 100% Joint & Survivor    \$ \_\_\_\_\_ per month   
 ☐ 20 Year Certain & Life    \$ \_\_\_\_\_ per month  
☐ 50% Joint & Survivor    \$ \_\_\_\_\_ per month

Signature of Spouse Required if Named Beneficiary	Member's Signature
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I consent to the retirement benefit payment option selected by the above named TFFR member.

Signature of Spouse	Date
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State	County
Signed and sworn to (or affirmed) before me this	
Date	

Name(s) of individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	

### 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/nro](http://www.nd.gov/nro)

I understand the terms and conditions of the retirement option I have selected (description on reverse side). I understand my choice of benefit option may not be changed. I also understand the benefit amount may be adjusted if a reporting or calculation error occurred.

Signature of Member	Date
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State	County
Signed and sworn to (or affirmed) before me this	
Date	

Name(s) of individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	

This form is available in an alternate format upon request.

# Important Information to Consider

- ❖ This form will be sent approximately one month prior to your first payment. Actual payment of benefits will be on the first working day of each month and may be paid retroactive to your retirement date.
- ❖ To pay a member's first retirement check as soon as possible, TFFR will use the salary information provided by you to estimate your last salary and service credit. Retirement enrollment forms will be prepared using **90%** of the estimated salary information and sent to you for completion. Upon our receipt, your retirement benefits will begin on the first day of the month of eligibility or retroactively.
- ❖ The salary, service credit, and last date of employment reported by your employer will be compared to the estimated information used in calculating your benefits. An adjustment to your monthly benefit will be made in the fall, retroactive to your retirement date. Partial lump sum payments will not be adjusted and your monthly benefit will be adjusted without reduction for the partial lump sum option.
- ❖ Members must complete purchase of service credit agreements before retirement.

# Retiree Notifications

- ❖ Retirement Benefit Notice
  - ❖ Will be sent prior to a change in your net monthly benefit amount.
- ❖ Annual statement each December
- ❖ 1099R tax form sent each January



North Dakota Retirement and Investment Office  
Teachers' Fund For Retirement  
Retirement Benefit Notice

1930 Burnt Boat Drive  
P.O. Box 7100  
Bismarck, ND 58507-7100  
Telephone: 701-328-9885  
Toll Free: 1-800-952-2970  
Web Site: www.nd.gov/rio

JANE TEACHER  
1930 BURNT BOAT DR  
BISMARCK ND 58507-7100

PersonID: 9999999  
Retire Date: 06-15-2019  
Service Years: 32.000  
Membership Tier: 1G

MONTHLY BENEFIT

	Previous	Effective	10-01-2016	Year-To-Date
<b>Gross Monthly Benefit</b>	<b>\$3,409.85</b>		<b>\$3,949.81</b>	<b>\$15,884.29</b>
Monthly Non-Taxable	0.00		0.00	0.00
Taxable	3,409.85		3,949.81	15,884.29
<b>Tax Total</b>	<b>\$-276.65</b>		<b>\$-294.65</b>	<b>\$-1,262.93</b>
Federal	276.65		294.65	1,262.93
State	0.00		0.00	0.00
<b>Deductions Total</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>
Health	0.00		0.00	0.00
Life	0.00		0.00	0.00
Vision	0.00		0.00	0.00
Dental	0.00		0.00	0.00

<b>Net Monthly Benefit</b>	<b>\$3,133.20</b>	<b>\$3,655.16</b>	<b>\$14,621.36</b>
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Total Non-taxable at Retirement: \$0.00  
Account Value at Retirement: \$230,549.87  
Total Received Life-to-Date: \$15,884.29

Primary Beneficiary(ies)

John Doe

Only the first four beneficiaries are printed.  
Contingent beneficiary information is not displayed, it is on file at the  
Administrative Office.

Differences

Gross Benefit, Federal Tax

Option Description

100% Joint and Survivor

# Employment After Retirement

- ❖ 30 calendar days must elapse from retirement date
- ❖ Return to covered employment for maximum number of hours based on length of contract:
  - 9 month contract = 700 hours
  - 10 month contract = 800 hours
  - 11 month contract = 900 hours
  - 12 month contract = 1000 hours
- ❖ Non-contracted substitute teaching is unlimited
- ❖ Extracurricular duties and professional development do not count toward the limit.



The annual hour limitation applies to ND public schools and state institutions covered by TFFR. It does not apply to ND public colleges and universities, private schools, employment outside of education, or out-of-state employment.

Employer and employee contributions are paid on all salary earned by the retiree.

**Exceptions:** Critical Shortage Area and Benefit Suspension and Recalculation





## TFFR RETIRED MEMBER EMPLOYMENT NOTIFICATION (330)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE  
TEACHERS' FUND FOR RETIREMENT DIVISION  
SFN 52161 (11-2019)

**General Information:** State statutes (NDCC 15-39.1-19.1) allow a retired TFFR member to return to TFFR-covered employment under certain employment limitations. A summary of retiree employment options is outlined on the reverse side of this form. This form, along with a copy of the retiree's contract or employment agreement, must be submitted to the administrative office within 30 days of the retiree's return to covered employment **each year** the retiree is employed.

### Section 1: Completed by Retiree

Name of Retiree (First, Middle, Last)		Person ID	Telephone Number	Retirement Date
Employer	Position/Subject	Post Retirement – first day of work	Post Retirement – last day of work	
Number of Compensated Hours (Exclude Extra Curricular)	Salary (Include Extra Curricular)	Were you employed during the previous fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Employer:  Position:

Select only one option for July 1 \_\_\_\_ - June 30 \_\_\_\_ fiscal year:

☐ **General Rule - Annual Hour Limit**

9 month contract = 700 hours  
10 month contract = 800 hours  
11 month contract = 900 hours  
12 month contract = 1,000 hours

☐ **Exception A – Critical Shortage Area (CSA)**

Approved CSA ☐ Yes ☐ No ☐ Subject Area ☐ Geographic

ESPB Signature	Date
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☐ **Exception B – Benefit Suspension and Recalculation**

Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐

Approximate date annual hour limit is reached (first year only)

I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employment limitations and the payment of employee contribution requirements. The above information is a complete and accurate description of my employment arrangement. I will notify TFFR of any change in the employment relationship.

Signature of Retiree	Date
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### Section 2: Completed by Employer

Employer Name	Employer Number	Telephone Number	Written Employment Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach.
Business Manager Name	Superintendent Name		

I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employer reporting requirements including payment of employee and employer contributions on all retirement salary paid to a retiree based on our employer payment model. The above information is a complete and accurate description of the employment arrangement with the retired TFFR member. I will notify TFFR of any change in the employment arrangement.

Signature of Employer	Date
-----------------------	------

#### Return to:

ND Retirement and Investment Office  
3442 East Century Avenue  
PO Box 7100  
Bismarck ND 58507-7100  
Telephone: 701-328-9885  
Toll free: 800-652-2970  
Fax: 701-328-9897  
[www.nd.gov/ito](http://www.nd.gov/ito)

This form is available in an alternate format upon request.

#### RIO Use Only

Letter Sent
Benefits Continue <input type="checkbox"/> Y <input type="checkbox"/> N
Benefits Suspended
Form Filed Within 30 Days <input type="checkbox"/> Y <input type="checkbox"/> N



N O R T H  
**Dakota** Be Legendary.™

Retirement and Investment

- 3442 E Century Ave
- PO Box 7100
- Bismarck ND 58507-7100
  
- Telephone: 701-328-9885
- Toll Free: 800-952-2970
- Fax: 701-328-9897
- Email: [rio@nd.gov](mailto:rio@nd.gov)
- Website: [www.rio.nd.gov](http://www.rio.nd.gov)