



NOTICE OF APPOINTMENT OF DEFERRED COMP SALES REPRESENTATIVE
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58745 (Rev. 01-2017)

**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 SALES REPRESENTATIVE INFORMATION

Name of Provider Company		
Name of Sales Representative		
NPN		
Address		
City	State	ZIP Code
E-Mail Address		
Telephone Number		Fax Number
Signature of Sales Representative		Date of Signature

PART B TYPE OF APPOINTMENT

<input type="checkbox"/> Replacement of Sales Representative
<div>Previous Representative Name</div>
<input type="checkbox"/> New Appointment

PART C CERTIFICATION BY PROVIDER COMPANY CONTACT

I certify that the above named sales representative is authorized to conduct business as an agent for the State of North Dakota Deferred Compensation Plan.

Signature of Provider Company Contact	Date
Position or Title	