



**NOTICE OF CHANGE - MEMBER DATA RECORD**  
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 SFN 10766 (Rev. 08-2021)

NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657  
 (701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov

**PART A MEMBER INFORMATION**

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Organization Name	NDPERS Organization ID

**PART B ADDRESS CHANGE**

Effective Date of Address Change	
Mailing Address	City
State	ZIP Code

**PART C MARITAL STATUS CHANGE**

(Marital status is determined in accordance with North Dakota Law) **Effective Date of Marital Status Change is Required**

Effective Date of Marital Status Change
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed, Spouse's Name _____ Complete Applicable Group Insurance Application(s) & Designation Of Beneficiary(ies)

**PART D NAME CHANGE**

Former Name (Last, First, Middle)
New Name (Last, First, Middle)
Effective Date of Name Change

**PART E TELEPHONE NUMBER CHANGE**

Effective Date of Phone Number Change
Area Code + Home Phone Number
Area Code + Work Phone Number
Area Code + Cellphone Number

**PART F E-MAIL CHANGE**

E-Mail Address	Effective Date of E-mail Change
----------------	---------------------------------

**PART G CONTACT CHANGE**

Effective Date of Contact Change
----------------------------------

**In case of death or incapacity, please designate a contact. If married, spouse is required to be the Contact. Social Security Number, Date of Birth, and Gender also required.** \*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. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

Contact Name	Relationship to Member
*Social Security Number	Date of Birth (mm/dd/yyyy)
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Same Address as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No, Please indicate	Contact Address
Same Telephone as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No, Please indicate	Contact Telephone Number

**PART H AUTHORIZATION**

To the best of my knowledge and belief, the information I have provided on this form is correct.

Signature of Member or Authorized Agent (Electronic Signature will not be accepted)	Date
---	------

## INSTRUCTIONS

### **Part A          Member Identification**

Enter member's current name, NDPERS member ID, date of birth, and last four digits of social security number, department name, and NDPERS Organization ID.

### **Part B          Address Change**

Enter effective date.

Enter member's new mailing address.

### **Part C          Marital Status Change**

Enter effective date.

In cases of marital status change, it is necessary that the member complete new designations of beneficiary. (Designation for the Group Retirement Plan SFN 2560 and/or Life Insurance Enrollment/Change SFN 53803)

Note that for purposes of SFN 10766, "marital status" is determined in accordance with North Dakota law.

### **Part D          Name Change**

Enter effective date.

Enter member's former and new name. Use full name, including middle name.

### **Part E          Telephone Number Change**

Enter effective date.

Select category(ies) and enter new telephone number.

### **Part F          E-Mail Change**

Enter effective date.

Enter new e-mail address. (NDPERS only maintains one e-mail address on member's record)

### **Part G          Contact Change**

Enter effective date.

Enter new contact information. If married, the spouse is required to be the contact.

### **Part H          Authorization**

Either the employer's authorized agent or the member must sign SFN 10766 to be valid