

*Record displayed.*

### Retirement Payment Information Summary

Refresh

#### Account Information

**Plan :**

Main Retirement

**Benefit Type :**

Retirement

**Retirement Date :**

09/01/2017

**Benefit Option :**

100% Joint & Survivor

**Original Minimum Guarantee :**

\$267,759.37

**Remaining Minimum Guarantee :**

\$136,934.11

**RHIC Option :**

Standard RHIC

**RHIC Amount :**

\$138.75

Minimum Guarantee: "NDPERS is a "defined benefit" plan, which allows members to compute their retirement benefits based on a mathematical formula. You or your beneficiaries are guaranteed to receive no less than your member account balance. When you retired, this amount is known as your Minimum Guarantee.

#### Monthly / Lumpsum Benefit Information

Last Payment Date : 10/01/2020

Item Type	Amount
Taxable Amount	\$3,420.18



**North Dakota  
Public Employees Retirement System**  
400 E. Broadway, Suite 505 • PO Box 1657  
Bismarck, North Dakota 58502 - 1657

Sparb Collins  
Executive Director  
(701) 328-3900  
1-800-803-7377

FAX: (701) 328-3920 • EMAIL: [NDPERS-info@nd.gov](mailto:NDPERS-info@nd.gov) • WEB: [ndpers.nd.gov](http://ndpers.nd.gov)

August 18, 2017

Member ID: 5680

ROBERT A FREED  
5540 E PRAIRIEWOOD DR  
GRAND FORKS ND 58201-3233

**RE: MAIN RETIREMENT PLAN**

Dear Robert A Freed:

We have received notice that your MAIN Retirement Plan membership has been or will be terminating. We are required to send all terminating members a statement of their accrued unreduced benefit; your estimated benefit is calculated assuming the factors listed below. **Please disregard this notice if:** 1) you transferred employment to another NDPERS covered employer, 2) you are still employed with your current employer and just experienced a change in your employment or, 3) you have already made application for retirement benefits.

Benefit Multiplier: 2.00

Age at Retirement:	57.8333	Marital Status:	Married
Years of Service Credit:	27.6667	Retirement Date:	September 01, 2017
Final Average Salary:	\$6,887.83	Account Balance:	\$263,675.22
		Retirement Sub-Type:	(Unreduced)

**ACCRUED UNREDUCED BENEFIT:**

**Either Normal Retirement/Single Life Benefit based on plan**

\$3,811.27 per month is payable to you for life. There is no monthly income provision for your beneficiary under this option. However, if you should die before receiving your member account balance, your beneficiary will receive a lump sum payment of the difference between your member account balance and what you received. If you die and have received more than your member account balance, there will be no additional payment made to your beneficiary.

**Member Account Balance:** \$263,675.22. This is the sum of your employee contributions, any portion of the employer contribution that you have become vested in through participation in PEP, plus interest. The interest paid on your member account balance is based on a rate established by the NDPERS Board and builds on a tax-deferred basis.

**Long-Term Disability:** To apply for long-term disability benefits, you must submit a Application for Disability Retirement SFN 18000 to NDPERS within 12 months of termination of NDPERS covered employment.



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ROBERT A FREED  
5540 E PRAIRIEWOOD DR  
GRAND FORKS ND 58201-3233

**Member ID: 5680**  
August 8, 2014

**RE: ANNUAL STATEMENT FOR FISCAL YEAR ENDING JUNE 30, 2014**

Dear Robert A Freed :

Below is a summary of your NDPERS Benefits. More detailed information is available on your PERSLink Member Self Service website. The instructions to log in to Member Self Service can be found on the NDPERS web site at [www.nd.gov/ndpers](http://www.nd.gov/ndpers). You will need a ND Login Id and password along with your NDPERS Member Id and date of birth. Your NDPERS Member Id is printed in the upper right hand corner of this summary statement.

**RETIREMENT ACCOUNT BALANCE:** Main : \$185,666.30

**MEMBER'S SERVICE:** Main : 24 Years and 7 Months

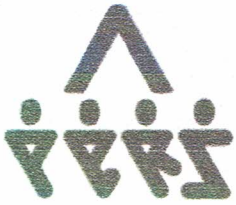
**MEMBER'S RETIREMENT BENEFITS:**

Plan	Age	Monthly Retirement Benefit	Monthly Retiree Health Credit
Main	Age 57.5833 (Rule of 85)	\$3,671.10	\$137.50
Main	Age 65	\$4,671.16	\$174.58

**SUMMARY OF OTHER PLAN ENROLLMENTS**

PLAN
Deferred Compensation Plan
Health Insurance-Dakota Plan
Life Insurance Plan
Dental Plan
Vision Plan
Employee Assistance Program (EAP) Plan
The State of ND FlexComp Plan





**North Dakota**  
**Public Employees Retirement System**  
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ROBERT A FREED  
 2267 COUNTRY RIDGE LN  
 SPRING HILL FL 34606-7269

Member ID : 5680  
 October 15, 2020

**SUMMARY RETIREE STATEMENT FOR CALENDAR YEAR ENDING 2019**

Dear Robert A Freed :

Below is a summary of your NDPERS Benefits. For more detailed information on your current benefits, return to the home page and click on "NDPERS Plans". For more details on your monthly retirement payment, click on "Retirement Payment Account(s)".

Your retirement benefit options and gross monthly benefit amount before any deductions are as follows:

Plan	Retirement Option & Amount	RHIC Option & Amount
Main Retirement	100% Joint & Survivor \$3,442.77	Standard RHIC \$138.75

**Designated Beneficiary(ies):**

Plan	Beneficiary Name	Beneficiary Type	Percentage
Life	Mrs Yan L Freed	Primary	100.00%
Main	Mrs Yan L Freed	Primary	100.00%
Life	Grant M Zander	Contingent	100.00%

To update your designation of beneficiary, please complete a Designation of Beneficiary for the Group Retirement Plan SFN-02560 and Life Insurance Designation of Beneficiary Change SFN-53855.

**SUMMARY OF OTHER PLANS YOU ARE ENROLLED IN**

Plan	Premiums Paid YTD
Health Insurance	\$609.50
Life Insurance	\$646.68



**DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN**  
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 SFN 2560 (Rev. 01-2017)

NDPERS • 400 East Broadway • PO Box 1657 • Bismarck • North Dakota 58502-1657  
 (701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

\*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.

**PART A MEMBER INFORMATION**

Name (Last, First, Middle) Freed, Robert Allan		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	NDPERS Member ID 5680
Date of Birth (mm/dd/yyyy) 10/22/1959		Last Four Digits of Social Security Number 7969	
Spouse Name (Last, First, Middle) Freed, Yan, Liu			Spouse Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

**PART B PRIMARY BENEFICIARY (IES) – Complete all sections**

Name	Relationship	Social Security Number*	Birth Date (mm/dd/yyyy)	% Share	Address
Yan Liu Freed	Spouse	475-53-4652	11/30/1961	100.00	5540 E Prairiewood Dr, Grand Forks, ND 58201
<b>Total must equal</b>				<b>100%</b>	

**PART C CONTINGENT/SECONDARY BENEFICIARY(IES)**

Name	Relationship	Social Security Number*	Birth Date (mm/dd/yyyy)	% Share	Address
Grant M. Zander	Son	502-13-8455	07/06/1986	100.00	6838 Everhart Rd., Apt 32, Corpus Christi, TX 78413
<b>Total must equal</b>				<b>100%</b>	

**PART D MEMBER AUTHORIZATION**

I understand that this election revokes any previous retirement account beneficiary designations. I understand that, if married, any initiation of dissolution or annulment of my marriage may void this designation. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Member's Signature <i>Robert A. Freed</i>	Date 7-6-17
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**PART E SPOUSE AUTHORIZATION**

If you are married and designate a beneficiary other than or in addition to your spouse, your spouse must complete this section.

If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to the listed beneficiary (ies).

If a member with three or more years of credited service is married, North Dakota law requires the spouse's\* consent before benefits can be paid other than to the member's spouse\*. (NDCC 30.1-05-02). If spouse's\* consent is given, please be advised, that if your primary beneficiary election is someone in addition to or in lieu of your spouse, there is no monthly pre-retirement death benefit provision.

I consent to the above retirement beneficiary (ies) designated by the above named NDPERS member.

Spouse's Signature <i>Yan Liu Freed</i>	Date 7-6-2017
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