

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

P.O. Box 295, Trenton, NJ 08625-0295

ALTERNATE BENEFIT PROGRAM (ABP) — ENROLLMENT/TRANSFER APPLICATION

(For transfers from PERS/TPAF)

| 4. Daytime Telephone No. () | PART 1 - MEMBER I | | | | | | | | | |
|---|------------------------|----------|-----------|--------------|----------------------|----------------------------|----------------------|-------------------------|----------|--|
| Address | Name 🛛 Mr. | □ Mrs. | □ Mise | s □ Ms | | | iddle | | Last | |
| Address | Date of Birth | | | | | | | | | |
| Street City State Zip Ca Daytime Telephone No. | Mc | nth | | Day | Year | | | | | |
| Daytime Telephone No. (| Address | | | | | | | | | |
| Are you eligible for immediate vesting in the ABP? (eligibility criteria on reverse side) Yes No If yes, identify how you qualify Have you ever been a member of a New Jersey State-administered Pension Fund? Yes No If yes, check fund and indicate membership number: ABP PERS TPAF PFRS SPRS Membership Number | | Street | | | | City | State | | Zip Code | |
| Yes No If yes, identify how you qualify Have you ever been a member of a New Jersey State-administered Pension Fund? Yes No If yes, check fund and indicate membership number: ABP PERS TPAF PFRS SPRS Membership Number | Daytime Telepho | ne No. | (|) | | 5. Social Securit | y Number | | | |
| Have you ever been a member of a New Jersey State-administered Pension Fund? Yes No If yes, check fund and indicate membership number: ABP PERS TPAF PFRS SPRS Membership Number | Are you eligible | or imme | diate ve | sting in the | ABP? (eligibilit | y criteria on reverse side |) | | | |
| If yes, check fund and indicate membership number: \square ABP \square PERS \square TPAF \square PFRS \square SPRS \square Membership Number Are you retired from this Pension Fund? \square Yes \square No Have you taken a distribution from Mandatory funds? \square Yes \square No \square Have you taken a distribution from Mandatory funds? \square Yes \square No \square If yes list Provider(s): | 🗆 Yes 🗆 N | lo Ify | /es, ider | ntify how yo | u qualify | | | | | |
| Membership Number | Have you ever b | een a m | ember c | of a New Je | rsey State-admi | nistered Pension Fund? | □ Yes □ | No | | |
| Have you taken a distribution from Mandatory funds? Yes No If yes list Provider(s): | If yes, check fun | d and in | dicate m | nembership | number: 🗆 AE | BP 🗆 PERS 🗆 TPA | F 🗆 PFRS 🗆 | SPRS | | |
| Have you taken a distribution from Mandatory funds? Yes No If yes list Provider(s): | Membership Nu | nber | | | | Are you retired from | this Pension Fund | ? 🗆 Yes 🛛 | J No | |
| Signature of Applicant Date VART 2 - INVESTMENT CARRIERS vish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed vish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed vish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed vish to which I am entitled to be invested with the one investment carrier designated below: WALIC AXA Financial (Equitable) MassMutual Retirement Services TIAA-CREF MassMutual Retirement Services TIAA-CREF Employee Signature Date VART 3 - CERTIFICATION OF EMPLOYING AGENCY (To be completed by the employer.) Id of Position Employed: Loc. # Annual Base Salary \$ mploying Institution Loc. # III Time Employee Yes No Addeministrative Position Yes No Addeministrative Position Yes III Time Employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge msubject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system | | | | | | | | | | |
| Signature of Applicant Date ART 2 - INVESTMENT CARRIERS rish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed rish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed rish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed rish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed It reserve funds to which I am entitled to be invested with the one investment carrier designated below: It reserve funds to which I am entitled to be invested with the one investment carrier designated below: It reserve funds to which I am entitled to be invested with the one investment carrier designated below: It reserve funds to which I am entitled to be invested with the one investment carrier designated below: It of ALLC It of AXA Financial (Equitable) It of All and the transfer to the Public Employed Signature Date ART 3 - CERTIFICATION OF EMPLOYING AGENCY (To be completed by the employer.) Date It of Position | | | | | | | | | | |
| ART 2 - INVESTMENT CARRIERS vish to transfer my pension contributions to the ABP and waive my statutory right to remain in or transfer to the Public Employed tirement System (PERS). I understand that my decision is irrevocable. I wish for my accumulated pension deductions and any nt reserve funds to which I am entitled to be invested with the one investment carrier designated below: VALIC AXA Financial (Equitable) MetLife MassMutual Retirement Services TIAA-CREF VOYA Financial Service Employee Signature Date ART 3 - CERTIFICATION OF EMPLOYING AGENCY (To be completed by the employer.) It is on the provident of | II yes list Flovide | n(s) | | | | | | | | |
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| MassMutual Retirement Services TIAA-CREF VOYA Financial Service Employee Signature Date CART 3 - CERTIFICATION OF EMPLOYING AGENCY (To be completed by the employer.) Date the of Position Employed: 10 months 12 months Appointment Date mploying Institution Loc. # Annual Base Salary \$ | etirement System (P | ERS). I | understa | and that my | decision is irre | vocable. I wish for my ac | cumulated pensior | | | |
| PART 3 - CERTIFICATION OF EMPLOYING AGENCY (To be completed by the employer.) tle of Position Employed: □ 10 months □ 12 months Appointment Date mploying Institution Loc. # Annual Base Salary \$ ull Time Employee □ Yes □ No Academic Position □ Yes □ No achelor's Degree □ Yes □ No Administrative Position □ Yes □ No mediately Vested □ Yes □ No Adjunct/Part-time Faculty □ Yes □ No certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system | - | Retirem | ient Ser | vices | | | | VOYA Financial Services | | |
| Ite of Position Employed: □ 10 months □ 12 months Appointment Date Inploying Institution Loc. # Annual Base Salary \$ III Time Employee Yes No Academic Position Yes No achelor's Degree Yes No Administrative Position Yes No amediately Vested Yes No Adjunct/Part-time Faculty Yes No wertify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge and subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system | | | | Employee | Signature | | | | | |
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| | im subject to penalty | for fals | ifying or | permitting | to be falsified a | ny record, application, fo | rm, or report of the | | | |
| Signature of Certifying Officer Title Date | | mature | Contifuin | Officer | | | | | Data | |

GENERAL INFORMATION

ELIGIBILITY — All full-time faculty and administrative personnel required to possess a Bachelor's Degree are eligible for enrollment in the ABP. Adjunct Faculty and Part-Time Instructors are also eligible for enrollment in the ABP under the provisions of P.L. 2008, c. 89 (Chapter 89). Other employees hired in a temporary position are not eligible. Employees earning less than 50 percent of the normal base salary are not eligible. Employees with F or J visas are not eligible. **Note:** A retiree from any New Jersey State-administered retirement system is **ineligible to participate** in the ABP.

VESTING ELIGIBILITY CRITERIA — See Item 6. A member is immediately vested if he/she owns a retirement contract that contains both employer and employee contributions that is based upon employment in the field of higher education or transfers an active or vested New Jersey State-administered retirement system account to the ABP. The retirement contract must be in force; that is, the employee is entitled to receive benefits at a future date. The member is also immediately vested if he/she is an active or vested member of a State-administered retirement system of any state in the United States.

INVESTMENT CARRIER SELECTION — ABP members must complete an *Alternate Benefit Program Provider Election and Allocation* form and the application forms of each investment carrier selected.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Parts 1 & 2 are to be completed by the employee. Part 3 is to be completed by the employer.

Part 1 — Please complete items 1 - 8.

Part 2 — If you were recently a member of the Teachers' Pensions and Annuity Fund (TPAF), the Police and Firemen's Retirement System (PFRS) or the Public Employees' Retirement System (PERS) and did not withdraw your contributions from that retirement system, you may remain in, or transfer into, the PERS and waive participation in the ABP. You may obtain a proper transfer form from your personnel office. However, if you elect to participate in the ABP, this *Enrollment/Transfer Application* must be completed and submitted to transfer contributions to the ABP.

Note: The Designation of Beneficiary for Group Life Insurance is <u>no longer</u> a part of this application. Upon enrollment, a new ABP member's estate is automatically designated as the beneficiary for any death benefit. New members should update their beneficiary information by completing an *ABP Designation of Beneficiary* form and submitting it to the Division of Pensions & Benefits. For individuals age 60 or older, to be covered by the group life and disability insurance programs, you must submit to a medical examination to prove insurability. A medical examination will be arranged for you. Upon advice from the insurance carrier that you have proved insurability, you will be covered. *This does not change your beneficiary designation for your annuity. Contact your individual investment carrier(s) for changes to your annuity.*

IN THE EVENT THAT YOU CANNOT COMPLETE THE ABP ENROLLMENT APPLICATION ONLINE USING THE EMPLOYERS' PENSIONS AND BENEFITS INFORMATION SYSTEM (EPIC), please mail a completed copy of this *Enrollment/Transfer Application* to:

Division of Pensions & Benefits Defined Benefit & Defined Contribution Bureau P.O. Box 295 Trenton, NJ 08625-0295