

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST

**ENROLLMENT
REQUEST**

PART 1 — TO BE COMPLETED BY PARTICIPANT (Please print or type)

1. NAME - Last, First, Middle _____

2. ADDRESS - Street _____

City, State, Zip Code _____

3. SOCIAL SECURITY NUMBER _____

4. DATE OF BIRTH Month, Day, Year _____

5. GENDER Male Female

6. I am a member of (check one)

Teachers' Pension and Annuity Fund

Public Employees' Retirement System

Police & Firemen's Retirement System

State Police Retirement System

Judicial Retirement System

7. MEMBERSHIP # _____

8. I hereby apply for enrollment in the Supplemental Annuity Collective Trust and authorize payroll deductions **or** reductions at the rate and for the purpose indicated below.

Regular Deductions _____% **or** Tax Sheltered Reduction _____%

(Rates must be only whole percentages between 1% up to the maximum contribution allowable is the prevailing IRS maximum for all 403(b) plans. A *Salary Reduction Agreement* must be in effect for those individuals who qualify for and elect the Tax Sheltered program.)

DESIGNATION OF BENEFICIARY

9. I HEREBY NOMINATE:

NAME - Last, First, Middle _____ RELATIONSHIP _____

ADDRESS - Street _____

City, State, Zip Code _____

SOC. SEC. NO. OR
FEDERAL TAX ID NO. _____

DATE OF BIRTH - Month, Day, Year _____

GENDER Male Female

as the beneficiary who shall receive payment of any and all amounts due or to become due upon my death, IF LIVING:

OTHERWISE TO:

NAME - Last, First, Middle _____ RELATIONSHIP _____

ADDRESS - Street _____

City, State, Zip Code _____

SOC. SEC. NO. OR
FEDERAL TAX ID NO. _____

DATE OF BIRTH - Month, Day, Year _____

GENDER Male Female

In the absence of a specific request, if multiple beneficiaries are named, the following shall apply: "Share and share alike, survivors." Please note: Changes of beneficiary forms filed with the regular retirement system do **not** automatically change the beneficiary on file with the Supplemental Annuity Collective Trust.

The benefit will be paid in a lump sum settlement. However, if the beneficiary is a natural person, he/she may elect to receive the benefit as an annuity under one of the available options.

10. Signature of Applicant _____ Date _____

PART II — CERTIFICATION OF EMPLOYING AGENCY (Please complete applicable items)

I certify that the name, retirement system and membership number shown above are correct. I also certify that the member is currently employed at an annual base salary of \$ _____.

EMPLOYING AGENCY

PAYROLL NUMBER

LOCATION CODE NUMBER

COUNTY

ADMINISTRATOR'S SIGNATURE

DATE

ENROLLMENT REQUEST CONFIRMATION — FOR DIVISION OF PENSIONS AND BENEFITS USE ONLY

EFFECTIVE DATE

ADMINISTRATOR'S SIGNATURE

DATE