



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

**SUPPLEMENTAL ANNUITY COLLECTIVE TRUST (SACT)  
CHANGE OF CONTRIBUTION REQUEST**

**PART 1 — MEMBER INFORMATION (To be completed by the member.)**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

I am a member of

- Teachers' Pension and Annuity Fund (TPAF)
- Public Employees' Retirement System (PERS)
- Police and Firemen's Retirement System (PFRS)
- Judicial Retirement System (JRS)
- State Police Retirement System (SPRS)
- Other

Membership Number \_\_\_\_\_

Changes are effective only at the beginning of a calendar quarter and on certification from the New Jersey Division of Pensions & Benefits (NJDPB). This application should be filed at least 30 days in advance of the calendar quarter in which the change is requested.

Please change my rate of contribution to the SACT as follows: (rates may be only whole percentages, i.e., one, two, or three percent, etc., up to 100 percent of available compensation up to the IRS annual limit in any combination of eligible programs).

- |   |  |                              |
|---|--|------------------------------|
|   | 100 percent of Deduction<br>or Reduction | Discontinue<br>Contributions |
| <input type="checkbox"/> Regular Deductions _____ percent       |  | <input type="checkbox"/>     |
| <input type="checkbox"/> Tax-Sheltered Reductions _____ percent |  | <input type="checkbox"/>     |

**Note:** For members employed by a public education institution only. Please be advised that a new salary reduction agreement has been entered into with this member and the salary reduction has been revised as indicated.

\_\_\_\_\_  
Signature of Participant \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**PART 2 — EMPLOYER CERTIFICATION (To be completed by the employer's Certifying Officer.)**

\_\_\_\_\_  
Employer Name \_\_\_\_\_ Location Code Number

\_\_\_\_\_  
Signature of Certifying Officer \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**For NJDPB Use Only - Confirmation of Receipt**

\_\_\_\_\_  
Effective Date \_\_\_\_\_ Administrator's Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date