



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — SUPPLEMENTAL ANNUITY COLLECTIVE TRUST

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

BENEFICIARY TAX WITHHOLDING CERTIFICATE

Please complete this form if you select a Lump Sum Settlement (Please print)

1. Name: _____
Last First Middle

2. Address: _____
Street City State Zip Code

3. Telephone Number: _____

4. Retirement System: _____ 5. Membership Number: _____

6. Withdrawal/Retirement/Death Date: / / 7. Social Security Number: _____
mm dd yyyy

8. Please check A or B:

A. I do not want to have federal income tax withheld from my payment.

B. I want to have the required federal income tax withheld from my payment.

Signature of Claimant Date / /
mm dd yyyy

RESPONSIBILITY FOR REPAYMENT OF TAX

Even if you elect to not have federal income tax withheld, you may be liable for payment of federal income tax on the taxable portion of your lump-sum settlement. Also you may be subject to tax penalties if your payments of estimated tax withholding, if any, are inadequate.

Note: If you do not return this form within 30 days, the required federal income tax will be withheld and the check forwarded.

BENEFICIARY TAX WITHHOLDING CERTIFICATE — CONFIRMATION

SACT type *Administrator's Signature* Date: / /
mm dd yyyy