

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

CLAIM FOR PAYMENT OF SUPPLEMENTAL ANNUITY

MEMBER INFORMATION (Please print)			
Deceased Member Name:			
Last	First	Middle	
Address at Time of Death:			
Street	City	State	Zip Code
Retirement System:	Membership Number:		
Date of Birth:/ Date	te of Death:/	/	
Claim for payment of Supplemental Annuity is hereb A. □ Beneficiary B. □ Esta		e)	
Indicate legal capacity for requesting payment of Su sentative of decedent's estate.	pplemental Annuity if c	other than ben	eficiary or legal repre-
Note: Please attach a copy of the applicable statem	ent of this claim:		
 Death Certificate — no other legal documents payable to the designated beneficiary. 	ents are necessary wh	en the Supple	emental Annuity is
 A Surrogate's Certificate or other legal doc Supplemental Annuity payment. 	cuments evidencing yo	our legal capad	city to receive the
CLAIMANT INFORMATION (Please print)			
Name:			
Last	First	Middle	
Address:			
Address:	City	State	Zip Code
Telephone Number:			
Social Security Number or Federal Tax ID Number:			
Indicate if Executor, Administrator, Guardian, etc., if	applicable:		
Signature of Claiman	nt		mm dd yyyy
CLAIM FOR PAYMENT OF SUPPL	EMENTAL ANNUITY	— CONFIRM	ATION
Administrator's Sign	pature		mm dd yyyy
		Valid	ation Date://