



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

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — TRANSMITTAL OF LOCAL GOVERNMENT ORDINANCE OR RESOLUTION

This form is for the transmittal of a local government ordinance or resolution that identifies appointed employees as eligible for membership in the DCRP.

Employing Organization Name: _____

State Employer Identification Number (EIN): 69-022 ____ ____ ____ ____ *(This is not your pension number.)*

Contact Person's Name: _____

Official Title: _____

Date: ____ / ____ / ____
Month Day Year

Phone Number: (____) _____

Ext: _____

Return this completed form to: **New Jersey Division of Pensions & Benefits**
Defined Benefit & Defined Contribution Plans Reporting Bureau
P.O. Box 295
Trenton, NJ 08625-0295