

**P.O. BOX 295
TRENTON, NJ 08625**

**STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST**

**APPLICATION FOR
SETTLEMENT AT
RETIREMENT**

Please print or type.

Name _____
(Last) (First) (Middle)

Social Security # (Optional) _____ - _____ - _____

Address _____
(Street)

Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

(City) (State) (ZIP)

Daytime Phone (_____) _____

Retirement System

Membership Number _____

- Public Employees' Retirement System
- Teachers' Annuity Pension Fund
- Judicial Retirement System
- Police and Firemen's Retirement System
- State Police Retirement System

Effective Date of Retirement _____

SETTLEMENT OPTIONS (Select One)

- Variable Life Annuity (No Beneficiary)
- A Lump Sum Settlement
- A Variable Annuity for:
 - Five Years Certain and Life Thereafter
 - Ten Years Certain and Life Thereafter
 - Equal Benefits to Me and My Beneficiary
 - My Beneficiary to Receive 1/2 of my Benefits

Designation of my beneficiary for any benefits due after my death if he or she survives me, otherwise to the executor or administrator of my estate. (This designation shall apply **only** after my retirement becomes effective.)

Name of Beneficiary _____
(Last) (First) (Middle)

Social Security # _____ - _____ - _____

Address _____
(Street)

Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

(City) (State) (ZIP)

Relationship _____

Signature of Applicant _____

APPLICATION FOR SETTLEMENT AT RETIREMENT — CONFIRMATION OF RECEIPT

(WRD Number)

(Valuation Date)

(Administrator's Signature)

(Date)