ST-0476-0306p

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY—DIVISION OF PENSIONS AND BENEFITS
PO BOX 295, TRENTON, NJ 08625-0295

Clear Form

REQUEST FOR A RETIREMENT ESTIMATE

RETIREMENT SYSTEM (Check one): ☐ ***PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)***
☐ ***TEACHERS' PENSION AND ANNUITY FUND (TPAF)***

Name: _____ Membership #: _____

Address: _____ Social Security #: _____

_____ Birth Date: _____

_____ Have you retired from PERS/TPAF previously and returned to work? ☐ Yes ☐ No

Will your last three years of service also be the years during which you earn the highest salary? ☐ Yes ☐ No

If no, list the three fiscal years (July-June) in which you earned the highest salary: _____ _____ _____

Retirement Type: Check One

☐ **SERVICE**	At least age 60; no minimum service requirement.
☐ **VETERAN**	Served in military for the required period during wartime and at least age 60 with 20 or more years of service* OR at least age 55 with 25 or more years of service* OR at least age 55 with 35 or more years of service.*
☐ **EARLY**	Under age 60; 25 or more years of service;* 1/4% (.0025) reduction in benefits for each month the member is under age 55.
☐ **DEFERRED**	Under age 60; 10 or more years of service;* pension begins at age 60.
☐ **ORDINARY DISABILITY**	Totally and permanently disabled; 10 or more years of New Jersey service.*
☐ **ACCIDENTAL DISABILITY**	Totally and permanently disabled as a result of an accident on the job. What was the date of the accident that caused the disability? _____

Planned Retirement Date: _____ Date you will terminate employment: _____
must be the first of a month and within 2 years of today's date.

Beneficiary's Name: _____ Beneficiary's Birth Date: _____

Is the beneficiary your spouse? ☐ Yes ☐ No

THIS FORM IS NOT AN APPLICATION FOR RETIREMENT

An application for retirement allowance must be filed with the Division of Pensions and Benefits before your retirement date, preferably three to four months in advance to allow time for processing.

****Service means service credited in the retirement system, which may not coincide with service with your employer. For Ordinary Disability, this service must have been performed in New Jersey. (Out-of-state, military, and U.S. government service purchases cannot be used to attain the 10 years.)***

FOR DIVISION USE ONLY

REASON FOR MANUAL CALCULATION (Attach screen print):

☐ 10-12 Month ☐ Multi. Member ☐ Off Pay More Than Two Years ☐ Other (Explain):_____

_____

Counselor: _____ Date: _____