NEW JERSEY DEPARTMENT OF MILITARY & VETERANS AFFAIRS

APPLICATION FOR VETERAN DESIGNATION FOR PENSION

INSTRUCTIONS

• Please print or type all answers. • Sign your name at the bottom of the application. •Please mail this form and a copy of your Veteran's Separation Papers (DD Form 214) to NJ Dept of Military & Veterans Affairs, ATTN: DVP-VBB, P.O. Box 340, Trenton, NJ 08625-0340 • If you do not have DD Form 214, a copy may be obtained from the National Personnel Records Center, 9700 Page Blvd., St. Louis, MO 63132. If your records have been destroyed, a letter from the National Personnel Records Center attesting to the destruction of your records and a notarized statement indicating the dates of active serve, branch, rank, and type of discharge, must be submitted.

1. Name (*Last, first, middle initial - Please Print)*	2. Social Security Number
3. Address Street . . . . . . City . . . . . State . . . . . Zip Code	4. Phone Daytime . . . . .

4. Veteran Status **(Attach Copy of Discharge or DD Form 214)**

a. Date of Induction . . . . . b. Date of Discharge . . . . . .

5. Retirement System: (Check block that applies to retirement system that you are enrolled in)

☐ Teachers' Pension and Annuity Fund (TPAF)

☐ Public Employees' Retirement System (PERS)

☐ Police and Firemen's Retirement System (PFRS)

REMARKS (Optional)

CERTIFICATION: I certify that the statements made by me to the foregoing questions are true to the best of my knowledge and belief. If any of the statements in this application are false, I am aware that I am subject to criminal proceedings.

SIGNATURE: . . . . . **DATE:** . . . . . .

NJDMAVA Form 05A-2, 1 Feb 01