

State of New Jersey
Department of the Treasury
Division of Pensions and Benefits

NEW JERSEY DEFINED CONTRIBUTION RETIREMENT PROGRAM

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 Defined Contribution Retirement Program

Employing Organization Name: _____

State Employer Identification Number: 69 - 022 ____ ____ ____ ____ (this is **not** your Pension number)

Contact Person's Name: _____

Official Title: _____

Date: ____ / ____ / ____
Month Day Year

Contact Person's Telephone Number: (____) _____ **Ext:** _____

RETURN THIS COMPLETED FORM TO:

DEFINED CONTRIBUTION RETIREMENT PROGRAM
New Jersey Division of Pensions and Benefits
P O BOX 298
Trenton, New Jersey, 08625-0298