

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

P.O. Box 295, Trenton, NJ 08625-0295

RETIRED BENEFICIARY VERIFICATION FORM

MEMBER INFORMATION

Name	Social Security Number
	County of Death
	Address
BENEFICIAR	Y INFORMATION
Name	Your Date of Birth/
Address	
	Relationship to member (Check one)
Does the beneficiary reside in AK, FL, MN, NH, or NY?* ☐ Yes ☐ No	Spouse or Civil Union Partner Former Spouse or Civil Union Partner Other
*If the beneficiary resides in AK, FL, MN, NH, or NY, the life insurance claim will be settled via a lump sum check unless the beneficiary elects another settlement option.	Was member ever divorced Yes No (If yes, you must submit copies of the Divorce Decree(s) with Property Settlement(s) and/or QDRO)
Certification	on Instructions
	by the IRS that you are currently subject to backup withholding return. The IRS does not require your consent to any provision oid backup withholding.
Tax Identification Num	ber/Form W9 Certification
tification number, and (2) that I am not subject to backup w	ded below is my correct social security number or taxpayer idenithholding because (a) I have not been notified that I am subject est or dividends, or (b) the Internal Revenue Service has notified
	is accurate and that you have read and acknowledge receipt of he fraud warnings included as part of this for (see reverse side
	Your SSN or Taxpayer Identification Number