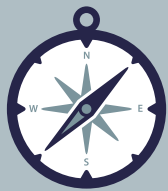


Application for Withdrawal



NJDPB
Pensions & Benefits

Explore Your Benefits

Judicial Retirement System (JRS)

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If you have questions about your withdrawal options, call the
Judicial Retirement System (JRS) at (609) 690-4859.

INSTRUCTIONS FOR COMPLETING THE JUDICIAL RETIREMENT SYSTEM (JRS) APPLICATION FOR WITHDRAWAL

Part 1 and Part 2 of the *Judicial Retirement System (JRS) Application for Withdrawal* are to be completed by the member and signed. The application should then be returned to the New Jersey Division of Pensions & Benefits (NJDPB). If you have difficulty completing this form, please call the JRS at (609) 690-4859 for assistance. The NJDPB cannot give tax advice.

PART 1

Item 2 — Address

Withdrawal checks must be mailed and cannot be picked up at the NJDPB. If you move between the time you file the application and the check is mailed, you may change your address by contacting the JRS at (609) 690-4859.

Item 8 — Reason For Termination

You must indicate the reason and date of your termination.

Item 9 — Workers' Compensation Cases

If you are receiving Workers' Compensation benefits, the NJDPB is required to send you an additional retirement benefit waiver form which you must complete and return before we can process your withdrawal.

Item 10 — Waiver Of Retirement Benefits

If you are age 60 or have at least five years of judicial service and at least 10 years in the aggregate of public service credit when you file for withdrawal, you must waive any rights you have to a retirement or death benefit. You must complete this waiver before your application can be processed. No withdrawal application can be processed until all the necessary information has been received from you and the Administrative Office of the Courts.

PART 2 — WITHDRAWAL OPTIONS

If Part 2 is not completed or completed incorrectly, the NJDPB will make your total withdrawal payable to you and withhold 20 percent federal income tax on the taxable portion of your payment.

Please carefully read the payment selection information on the following page, the instructions on the application, and the *Tax Information for Pension Distributions* Fact Sheet available on our website at www.nj.gov/treasury/pensions before completing this portion of your application. Your selection in Part 2 of the application cannot be changed once your application has been processed.

Selection 1 - If you choose this selection, the NJDPB will make your benefit check payable to you at the address listed in Part 1. Twenty percent of the taxable portion of your payment will be withheld as federal income tax.

Selection 2 - If you choose this selection, there will be a direct rollover of the entire taxable and non-taxable portion of your payment. This selection is only open to those whose taxable portion is \$200 or more. You must insert the name of the financial institution or employer plan that will accept your rollover. The NJDPB will mail a check to you which will be made payable to the institution or employer plan you selected to accept your rollover.

Selection 3 - If you choose this selection, there will be a direct rollover of a portion of your total payment. This selection is only open to those whose taxable portion is \$200 or more. You must insert the dollar amount you wish to roll over and the name of the financial institution or employer plan that will accept your rollover. The remaining portion of your withdrawal payment will be paid to you in a separate check, less 20 percent for federal tax, on the taxable amount of the remaining balance. If your total payment includes a return of after-tax contributions, both the direct rollover and the payment to you will include a portion of the after-tax contributions.

(Continued on next page)



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — JUDICIAL RETIREMENT SYSTEM

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

**JUDICIAL RETIREMENT SYSTEM (JRS)
APPLICATION FOR WITHDRAWAL**

Please read instructions carefully before completing the application.

PART 1 — MEMBER INFORMATION

1. Name _____

First
Middle Initial
Last
2. Mailing Address _____

Street
City
State
Zip Code
3. Phone Number _____
4. Date of Birth ____/____/____
5. Membership Number _____
6. Social Security Number _____
7. Employer **ADMINISTRATIVE OFFICE OF THE COURTS**
8. Please indicate the reason and date you terminated employment: Resigned Dismissed
 Date ____/____/____
9. I am I am not receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment.
 I do I do not have a Workers' Compensation claim or litigation pending.
10. If you are age 60 or have at least five years of judicial service and at least 10 years in the aggregate of public service credit when you file for withdrawal, you must waive any rights you have to a retirement or death benefit. This item must be completed before your application can be processed. If you do not complete the waiver, you will receive an estimate of the retirement and group life insurance benefits for which you would be eligible and a benefit waiver form which must be completed and returned before we can process your withdrawal.

 Although I am eligible for retirement, I elect to withdraw my pension contributions and hereby waive my right to receive a lifetime monthly allowance and group life insurance at retirement in favor of receiving a refund of my pension contributions now. _____

Member Signature

Please Complete Part 2

Member's Name _____ Membership Number _____

PART 2 — WITHDRAWAL OPTIONS

Please carefully read the following section and indicate your choice by checking one of the boxes below. This selection is irrevocable once made. For an explanation of these selections, read the *Instructions for Completing the Judicial Retirement System (JRS) Application for Withdrawal*. If Part 2 is not completed or is completed incorrectly, the NJDPB will automatically withhold 20 percent federal income tax.

Rollover is only available if the taxable portion of your payment is \$200 or more.

Note: Your selection is irrevocable.

1. Payment to me and withhold 20 percent federal income tax on the taxable portion of my payment.

2. Roll over the entire payment including any after-tax contributions to the following institution or employer plan: _____
 This is an: IRA Eligible Employer Plan Roth IRA

3. A partial rollover of \$ _____ (dollar amount) of my payment to the following financial institution or employer plan with the remaining amount paid to me (after withholding 20 percent federal income tax on the taxable portion): _____
 This is an: IRA Eligible Employer Plan Roth IRA

Note: The rollover payment will include an allocable portion of any after-tax contribution.

PART 3 — SIGNATURE

By signing this *Judicial Retirement System (JRS) Application for Withdrawal*, I certify that I have read the instructions included with this form and the *Tax Information for Pension Distributions Fact Sheet*, and fully understand the tax options available to me including the option to rollover my benefit to an IRA or eligible employer plan. I further certify that, if I have elected a rollover under option 2 or 3 above, the receiving IRA or eligible employer plan is eligible to receive my rollover from this qualified plan (as described in the fact sheet above) and will accept any after-tax contributions included in my rollover. I understand that my selection in Part 2 cannot be changed.

Member Signature

/ /
Date



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — JUDICIAL RETIREMENT SYSTEM

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

**JUDICIAL RETIREMENT SYSTEM (JRS)
EMPLOYER'S CERTIFICATION FOR WITHDRAWAL**

This form must be completed by the former employer.

Name of Member _____

Membership Number _____ Social Security Number _____

This certification will be used to calculate the payment due to the member. Do not complete this form until the last deduction from salary has been made.

I certify that _____
Name of Former Employee

resigned
 was dismissed (no appeal pending)
 was dismissed (appeal pending)

from this organization on ____/____/____. The last pension deduction was made ____/____.
Date Biweekly Pay Period /Year

The employee is is not receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment and does does not have a Workers' Compensation claim or litigation pending.

Certification of Salary Deductions Only to Be Completed for Any Unposted Pension Contributions

I certify that the following deductions have been made from the employee's salary during the last two quarterly periods ending with the current quarter. State biweekly reporting agencies must attach a completed *Supplemental Biweekly Certification of Employing Agency* or a screen print of the Centralized Payroll History screen in lieu of completing this item.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	FULL RATE (%)	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS	ARREARS AND/OR PURCHASES	TOTAL PENSION CONTRIBUTIONS	SACT YES OR NO
	\$		\$	\$	\$	\$	\$	
	\$		\$	\$	\$	\$	\$	

Print Name of Certifying Officer Telephone Number Email Address

Signature Of Certifying Officer Date

INSTRUCTIONS FOR COMPLETING THE JUDICIAL RETIREMENT SYSTEM (JRS) EMPLOYER'S CERTIFICATION FOR WITHDRAWAL

This certification must be completed by the employer when a member files for the withdrawal of pension contributions. Please mail this completed form to the address below. Failure to provide this information will delay processing of the member's *Judicial Retirement System (JRS) Application for Withdrawal*. If you need assistance in completing this certification, call the JRS at (609) 690-4859.

ITEMS REQUIRING SPECIAL ATTENTION

Reason For Leaving

You must indicate the member's reason for leaving. Place an (X) in the appropriate box indicating whether the member resigned or was dismissed with or without an appeal. This information is required before processing the *Judicial Retirement System (JRS) Application for Withdrawal*.

Termination Date

A member must terminate employment before this certification can be submitted to the NJDPB. Include the date of termination and the date of the last pension deduction. State biweekly reporting agencies must enter the number and year of the last pay period of the last pension deduction.

Workers' Compensation

Please indicate if the member was receiving periodic benefits under a claim filed for Workers' Compensation. Place an (X) in the box to indicate if the member is or is not receiving these benefits. You must also indicate with an (X) if the member does or does not have a Workers' Compensation claim or litigation pending. This information is required before processing the *Judicial Retirement System (JRS) Application for Withdrawal*.

Salary Deductions

Indicate the following: (1) quarter ending, (2) amount of monthly base salary subject to contributions, (3) full rate of contribution, (4) the dollar amount of the deduction, (5) loan repayment amount (if any), (6) back deductions, (7) arrears or purchase deductions, (8) the total pension contributions (include all deductions for the quarter), and (9) answer "Yes" or "No" to whether the member contributed to the Supplemental Annuity Collective Trust (SACT).

Submit this certification to: **New Jersey Division of Pensions & Benefits
Judicial Retirement System
P.O. Box 295
Trenton, NJ 08625-0295**