



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

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

SUPPLEMENTAL ANNUITY COLLECTIVE TRUST (SACT) DISTRIBUTION FORM

COMPLETE THIS FORM ONLY IF YOU HAVE SELECTED AN OPTION #2 LUMP SUM SETTLEMENT.

This form is not required if you selected Annuity Option 1,3,4,5, or 6.

Name _____
First Last Middle Initial

Address _____
Street City State Zip Code

Social Security Number _____ Date of Birth ____/____/____

Phone Number _____ Retirement System Number _____

Retirement Date ____/____/____

PART 1 – Designate your payment choice for each of your SACT types. Make one selection for each of your SACT accounts.

A. SACT REGULAR (check one)

DIRECTLY TRANSFER _____ percent or \$ _____ (\$500 minimum) of the amount qualified for rollover with any remaining balance paid to me. **Please complete PART 2 of this form if you select this option.**

or

PAY DIRECTLY TO ME the amount qualified for rollover. I understand 20 percent federal tax will be withheld (the check stub will provide detailed information for income tax reporting. This amount will be included in the check representing your contributions).

B. SACT TAX SHELTER (check one)

DIRECTLY TRANSFER _____ percent or \$ _____ (\$500 minimum) of the amount qualified for rollover **Please complete PART 2 of this form if you select this option.**

or

PAY DIRECTLY TO ME the amount qualified for rollover. I understand 20 percent federal tax will be withheld (the check stub will provide detailed information for income tax reporting).

C. SACT QVEC (Direct transfers not permitted)

Withhold federal tax per IRS schedule Do not withhold tax

PART 2 – Complete this section only if you have selected a direct transfer option above.

Direct my transfer to my established (check one)

Traditional IRA Roth IRA

Employer plan 401K 401a 403b 457b

Name of Plan _____

Mailing Address _____
Street City State Zip Code

PART 3 – I hereby authorize the SACT section of the New Jersey Division of Pensions & Benefits to distribute my funds as directed above.

Signature

_____/_____/_____
Date