



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) APPLICATION FOR SETTLEMENT AT RETIREMENT

Name			First			MI	
Address			City		State	Zip Code	
			•			•	
Date of Birth	//_	Socia	al Security Num	ber (Optional)			
Phone			Memb	ership Numbe	er		
Retirement System	☐ PERS	☐ TPAF	☐ PFRS	☐ SPRS	□ JRS		
Effective Date of Reti	rement						
PART 2 — SETTLEM	MENT OPTION	NS					
☐ Variable Life Ann	uity (No benef	iciary)	☐ A Lu	ımp Sum settle	ement (Must co	mplete distribu	tion form)
A Variable Annuity Fo	or:						
☐ Five years certain and life thereafter☐ Equal benefits to me and my beneficiary				☐ Ten years certain and life thereafter☐ My beneficiary to receive 50 percent of my benefits			
Designation of my be administrator of my edo not have a Social Form W-8BEN. Upon federal income tax. N	state. This des Security Num receipt of the	ignation shall a ber will be cor completed for	apply only after ntacted by the N m, any death be	my retirement NJDPB instruc enefit will be pa	becomes effect ting them to co ayable to your b	tive. Note: Bene mplete and retu peneficiary minu	eficiaries who urn a Federa
Beneficiary Name	. ,						
Li	ast		First			MI	
Address			City		State	Zip Code	
Date of Birth		Socia	al Security Num	ber			
Relationship							
						,	,
Signature of Applicant						/	e /
		For NJDPB U	Jse Only - Con	firmation of F	Receipt		
	24/==	<u></u>			/ (Valuation		
(WRD Number)					(Valuation	n Date)	
						/	