



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 — EMPLOYEE TAX WITHHOLDING CERTIFICATE

Please complete this form if you select a lump sum settlement.

Ple	ease Print				
1.	Name	First		Middle	
2.	Address	City	State	Zip Code	
3.	Retirement System	4. Memb	ership Number		
5.	Effective Date of Retirement/Withdrawal				
6.	Social Security Number	7. Date of Birth//			
8.	Home Phone Number	9. Business Phone Number			
10	. Federal Income Tax Withholding (Check one) ☐ Withhold tax from my check		vithold tax from my che	ck	
Signature  Signature  Date  Prepayment Of Tax — You are responsible for federal income tax that may be due on your account distribution and					
	e subject to tax penalties if your payment of esti	•	•		
<ul> <li>(a) The taxable income portion of your distribution may be rolled over to an IRA or another qualified tax-sheltered plan within 60 days of the check date.</li> </ul>					
	(b) The taxable amount of your distribution may be eligible for special averaging. See IRS Form #4972 — Tax on Lump-Sum Distributions.				
	(c) If you are under the age of 55, the taxable portion of your distribution may be subject to an early with- drawal penalty if not rolled over within 60 days of the check date. See IRS Publication #575 — Pension and Annuity Income.				
	<b>te:</b> If you do not return this form within 30 days warded.	s, the required federal inco	ome tax will be withheld	d and the check	
	For NJDPB Use	Only - Confirmation of	Receipt		
_	SACT Type	Administrator's Signature			