



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) — PERSONAL CONTRIBUTION FORM

THIS FORM MAY NOT BE USED FOR TAX SHELTERED SUPPLEMENTAL ANNUITY

Participants who are contributing through payroll deductions may also make lump sum contributions in the last month of any calendar quarter in dollar amounts of \$50 or more. However, participants may not contribute in excess of the federal limit in any fiscal year (July 1 - June 30). Personal contributions may only be submitted during the third month of any calendar quarter (i.e.: March, June, September, December) and become effective the last day of the month. Make all checks payable to: Supplemental Annuity Collective Trust — Regular

PART 1 — MEMBER INFORMATION

Name _____
First Last Middle Initial

Address _____
Street City State Zip Code

Social Security Number _____ Phone Number _____

Retirement System _____ Membership Number _____

PART 2 — CONTRIBUTION AND SIGNATURE

I am submitting a payment to be credited to my account with the Supplemental Annuity Collective Trust of New Jersey.

This payment is a: Check Money Order Amount \$ _____

Member Signature Date

For NJDPB Use Only

Received by Cash Receipts

\$ _____ / _____ / _____
Amount Date Cash Receipt Number

Confirmation of Receipt

Effective Date Administrator's Signature Date