

State of New Jersey
Department of the Treasury — Division of Pensions and Benefits
PO Box 295, Trenton, NJ 08625-0295

APPLICATION FOR INTERFUND TRANSFER

This application must be completed by you and your former employer. This application must be filed with a new Enrollment Application for the Retirement System to which you are transferring.

- PART 1 — Check one:
[] Transfer to Teachers' Pension and Annuity Fund
[] Transfer to State Police Retirement System
[] Transfer to Public Employees' Retirement System
[] Transfer to Judicial Retirement System
[] Transfer to Police and Firemen's Retirement System

1. Print Full Name _____ 2. Membership No. _____

3. Address _____
STREET CITY STATE ZIP CODE

4. Currently a member of the _____
NAME OF RETIREMENT SYSTEM

5. Resigned, Was dismissed, _____ from my position as _____
CIRCLE ONE OTHER TITLE OF POSITION

6. Date of termination (MM/DD/YYYY) _____

7. NEW EMPLOYER

NEW EMPLOYER NAME COUNTY

8. I hereby apply for the transfer of my membership to the retirement system indicated above and authorize payment of the withdrawal value of my account to be made to that system subject to the statutes, rules and regulations of that system. I understand that once my Application for Interfund Transfer is submitted to the Division of Pensions and Benefits, I cannot change my decision to transfer.

Signature of Applicant _____ Date _____

PART II — CERTIFICATION OF FORMER EMPLOYING AGENCY

Certifying Officer: In order to avoid delay in honoring this transfer, your certification will be used to calculate the payment due.

- [] resigned [] position abolished / laid off
[] was dismissed (no appeal pending)
[] was dismissed (appeal pending)

I hereby certify that _____
NAME OF MEMBER

from this department, agency, or school district on _____ . The last salary deduction was made on _____
DATE OF SEPARATION

_____ for _____ . The employee's annual base salary
DATE MONTH YEAR

prior to resignation/dismissal was \$ _____ .

I further certify that the following deductions have been made from his/her salary during the last two quarterly periods ending with the current quarter (see QUARTERLY REPORT OF CONTRIBUTIONS). Biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salary projected until termination date.

Table with 10 columns: Quarter Ending, Base Salary Subject to Contributions This Quarter, Pension Contribution, Loan Repayment, Back Deductions (No. Payments, Amount), Arrears and/or Purchases, Total Pension Deductions, Supplemental Annuity (% Rate, \$ Amount)

I certify that this employee and position met the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. (Two Signatures Required)

SIGNATURE OF CERTIFYING OFFICER PRINT NAME OF CERTIFYING OFFICER DATE

TITLE EMPLOYING AGENCY

COUNTY PHONE NUMBER EXTENSION

SIGNATURE OF CERTIFYING OFFICER'S SUPERVISOR PRINT NAME OF CERTIFYING OFFICER'S SUPERVISOR DATE

TITLE PHONE NUMBER EXTENSION