



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

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

SUPPLEMENTAL ANNUITY COLLECTIVE TRUST (SACT) — ENROLLMENT REQUEST

PART 1 — TO BE COMPLETED BY PARTICIPANT *(Please print)*

1. Name _____
Last First Middle

2. Address _____
Street City State Zip

3. Social Security Number _____ 4. Date of Birth _____ 5. Gender Male Female

6. I am a member of:

- Teachers' Pension and Annuity Fund (TPAF)
- Public Employees' Retirement System (PERS)
- Police and Firemen's Retirement System (PFRS)
- Judicial Retirement System (JRS)
- State Police Retirement System (SPRS)
- Other

7. Membership Number: _____

8. I hereby apply for enrollment in the SACT and authorize payroll deductions or reductions at the rate and for the purpose indicated below.

Regular Deductions _____ percent or Tax Sheltered Reductions _____ percent

(Rates must be only whole percentages between one percent up to the maximum contribution allowable is the prevailing IRS maximum for all 403(b) plans. A *Salary Reduction Agreement* must be in effect for those individuals who qualify for and elect the Tax Sheltered program.)

DESIGNATION OF BENEFICIARY

9. I HEREBY NOMINATE:

Name _____
Last First Middle

Address _____
Street City State Zip

Social Security Number _____ Date of Birth _____ Gender Male Female

as the beneficiary who shall receive payment of any and all amounts due or to become due upon my death, IF LIVING:

OTHERWISE TO:

Name _____
Last First Middle

Address _____
Street City State Zip

Social Security Number _____ Date of Birth _____ Gender Male Female

In the absence of a specific request, if multiple beneficiaries are named, the following shall apply: "Share and share alike, survivors."

Please note: Changes of beneficiary forms filed with the regular retirement system do **not** automatically change the beneficiary on file with the SACT.

The benefit will be paid in a lump sum settlement. However, if the beneficiary is a natural person, he/she may elect to receive the benefits as an annuity under one of the available options.

10. Signature of Applicant _____ Date _____

PART 2 — CERTIFICATION OF EMPLOYING AGENCY *(Please complete applicable items)*

I certify that the name, retirement system and membership number shown above are correct. I also certify that the member is currently employed at an annual base salary of \$ _____ .

_____ Employing Agency _____ Payroll Number _____ Location Code Number

_____ County _____ Administrator's Signature _____ Date

ENROLLMENT REQUEST CONFIRMATION - FOR NJDPB USE ONLY

_____ Effective Date _____ Administrator's Signature _____ Date