

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) — ENROLLMENT REQUEST

PART 1 — MEMBER INFORMATION (To be completed by the member.)					
1 N:	ame				
1. 140	Last First			Middle	
Ad	ddressStreet				
		City	State	Zip	
So	ocial Security Number	Date of Birth//	Gender ☐ Male ☐ F	Female	
M	Membership Number Phone Number				
2. la	m a member of PERS TPAF JRS PFRS SPRS Other				
3. Ir	I request a				
	☐ Regular Deductions pe	rcent; or			
	☐ Tax-Sheltered Reductions percen	t (For members employed by a public	educational institution only	/.)	
Note: Rates must be whole percentages. Minimum rate is one percent. Maximum rate is IRS 403(b) contribution limit (changes yearly).					
PART 2 — DESIGNATION OF BENEFICIARY (To be completed by the member.)					
4. P i	4. Primary Beneficiary – Receives payment of any and all amounts due upon death.				
Na	ame Last	First		Middle	
		FIRST		Middle	
Ad	ddressStreet	City	State	Zip	
So	ocial Security Number Da	te of Birth/ Ger	nder 🛘 Male 🗖 Fema	le 🛘 Non-binary	
5. C	5. Contingent Beneficiary – Receives payments due if primary beneficiary is deceased.				
Na	Name				
	Last	First		Middle	
Ad	ddress	City	State	Zip	
9,		·		•	
Social Security Number Date of Birth// Gender D Male D Female D Non-binary					
Note: Changes of beneficiary forms filed with the regular retirement system do not automatically change the beneficiary on file with the SACT. Benefits will be paid in a lump sum. If the beneficiary is a natural person, he/she may elect to recieve the benefits as an annuity under one of the available					
optior	ns.				
6	Print Member's Name	O town of the second			
				Date	
PART 3 — EMPLOYER CERTIFICATION (To be completed by the employer.) I certify that the name, retirement system and membership number shown above are correct. I also certify that the member is currently employed an annual base salary of \$				currently employed at	
				currently employed at	
	,				
7					
	Print Certifiying Officer's Name	Certifying Officer Signatui	re	Date	
_	Employer Name	Payroll Number	Loca	tion Code Number	
For NJDPB Use Only - Confirmation of Receipt					
				1	
_	Effective Date	Administrator's Signature	-	///////	