



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) — CHANGE OF CONTRIBUTION REQUEST

Please Print

1. Name _____
Last First Middle Maiden Surname

2. Address _____
Street City State Zip

3. Social Security Number _____

4. I am a member of:

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

5. My Membership Number is: _____

Please change my rate of contribution to the SACT as follows: (rates may be only whole percentages, i.e., one, two, or three percent, etc., up to 100 percent of available compensation up to the IRS annual limit in any combination of eligible programs).

	100 percent of Deduction or Reduction	Discontinue Contributions
Regular — Deductions	_____ percent	_____
*Tax Sheltered — Reductions	_____ percent	_____

Changes are effective only at the beginning of a calendar quarter and on certification from the New Jersey Division of Pensions & Benefits (NJDPB). This application should be filed at least 30 days in advance of the calendar quarter in which the change is requested.

List name of employer(s) (list all, if more than one).

Signature of Participant Date

***Please be advised that a new salary reduction agreement has been entered into with this member and the salary reduction has been revised as indicated.**

Signature of Certifying Officer Location Code No.

CHANGE OF CONTRIBUTION REQUEST CONFIRMATION

Effective Date Administrator's Signature Date