



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. Telephone Number \_\_\_\_\_

4. 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

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(s) of employer(s).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant Date

*\*For members employed by a public education institution only. 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 Number

**CHANGE OF CONTRIBUTION REQUEST CONFIRMATION**

\_\_\_\_\_  
Effective Date Administrator's Signature Date