



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

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

SUPPLEMENTAL ANNUITY COLLECTIVE TRUST (SACT) APPLICATION FOR SETTLEMENT AT RETIREMENT

Please Print or Type

Name _____
Last
First
MI

Address _____
Street Name (apt#)
City
State
Zip

Date of Birth # ____/____/____ Social Security # (Optional) ____ - ____ - ____
mo
day
year

Daytime Phone (____) _____ Membership # _____

Retirement System PERS TPAF PFRS SPRS JRS

Effective Date of Retirement: ____/____/____
mo
day
year

SETTLEMENT OPTIONS

- Variable Life Annuity (No Beneficiary) A Lump Sum Settlement (Must Complete Distribution Form)
- A Variable Annuity For
- Five Years Certain and Life Thereafter Ten Years Certain and Life Thereafter
- Equal Benefits to Me and My Beneficiary My Beneficiary to Receive 1/2 of my Benefits

Designation of my beneficiary for any benefits due after my death if he or she survives me, otherwise to the executor or administrator of my estate. (This designation shall apply **only** after my retirement becomes effective.)

Beneficiary Name _____
Last
First
MI

Address: _____
Street Name (apt #)
City
State
Zip

Date of Birth # ____/____/____ Social Security # ____ - ____ - ____

Relationship _____

Signature of Applicant _____ Date _____

APPLICATION FOR SETTLEMENT AT RETIREMENT — CONFIRMATION OF RECEIPT

(WRD Number)

(Valuation Date)

(Administrator's Signature)

(Date)