

State of New Jersey  
Department of the Treasury — Division of Pensions and Benefits  
Supplemental Annuity Collective Trust

## BENEFICIARY TAX WITHHOLDING CERTIFICATE

**PLEASE COMPLETE THIS FORM IF YOU SELECT A LUMP SUM SETTLEMENT**

*(Please print or type.)*

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

3. Retirement System: \_\_\_\_\_ 4. Membership No.: \_\_\_\_\_

5. Withdrawal/Retirement/Death Date: \_\_\_\_\_ 6. Social Security No.: \_\_\_\_\_

6. Please check A or B: *(Check one)*

A.  **I DO NOT WANT** to have Federal Income Tax withheld from my payment.

B.  **I WANT** to have the required Federal Income Tax withheld from my payment.

\_\_\_\_\_  
SIGNATURE (DATE)

### RESPONSIBILITY FOR REPAYMENT OF TAX

Even if you elect to not have Federal Income Tax withheld, you may be liable for payment of Federal Income Tax on the taxable portion of your lump-sum settlement. Also you may be subject to tax penalties if your payments of estimated tax withholding, if any, are inadequate.

---

**NOTE:** *If you do not return this form **within 30 days**, the required Federal Income Tax will be withheld and the check forwarded.*

---

### BENEFICIARY TAX WITHHOLDING CERTIFICATE — CONFIRMATION

\_\_\_\_\_  
SACT TYPE ADMINISTRATOR'S SIGNATURE DATE