



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

APPLICATION FOR SETTLEMENT WITH BENEFICIARY

MEMBER INFORMATION *(Please print)*

Member Name: _____
Last First Middle

Retirement System: _____ Membership Number: _____

Date of Death: ____/____/____
dd mm yyyy

BENEFICIARY INFORMATION *(Please print)*

Beneficiary Name: _____
Last First Middle

Beneficiary Address: _____
Street City State Zip Code

Date of Birth: ____/____/____ Sex: Male Female Telephone Number: _____
dd mm yyyy

Social Security Number: _____ Federal Identification Number: _____

I hereby apply for the benefit checked below from the Supplemental Annuity Collective Trust of New Jersey:

- Variable Life Annuity (No beneficiary) A Lump-Sum settlement

A VARIABLE ANNUITY FOR:

- Five years certain and life thereafter Equal benefits to me and my beneficiary
 Ten years certain and life thereafter My beneficiary to receive 50 percent of my benefits

Designation of my beneficiary for any benefits due after my death if he or she survives me, otherwise to the executor if administrator of my estate.

Beneficiary Name: _____
Last First Middle

Beneficiary Address: _____
Street City State Zip Code

<small>Sex</small>	<small>Relation to Me</small>	<small>Date of Birth</small>	<small>Social Security Number</small>
_____	_____	_____	_____
<small>Applicants Signature</small>			<small>Date</small> ____/____/____ <small>dd mm yyyy</small>

APPLICATION FOR SETTLEMENT WITH BENEFICIARY — CONFIRMATION

Administrator's Signature Date ____/____/____
dd mm yyyy

Withdrawal / Retired / Death Number Validation Date ____/____/____
dd mm yyyy