



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

**CARRIER ELECTION AND ALLOCATION — ADDITIONAL CONTRIBUTIONS TAX-SHELTERED (ACTS) PROGRAM**

Name \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

Social Security Number (*Last 4 digits*) \_\_\_\_\_ Member Number (*If applicable*) \_\_\_\_\_

Retirement System (*If applicable*)     PERS     TPAF     PFRS

Address \_\_\_\_\_  
*Street*
*Apartment No.*

\_\_\_\_\_ *City* *State* *Zip*

Daytime Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**AUTHORIZED INVESTMENT CARRIERS**

Select any number of investment carriers and allocate the percentage of your contributions to each one, totaling 100 percent. Percentages must be whole numbers. **YOU MUST ESTABLISH A VALID ACCOUNT DIRECTLY WITH THE PROVIDER(S) YOU SELECT BEFORE COMPLETING THIS FORM.** Only two changes are allowed in any calendar year.

Check One:     Initial Election     Subsequent Election

	Carrier Account No.	Percentage
<input type="checkbox"/> AXA Financial (Equitable)	_____	_____ %
<input type="checkbox"/> MassMutual Retirement Services	_____	_____ %
<input type="checkbox"/> Met Life (formerly Travelers/CitiStreet)	_____	_____ %
<input type="checkbox"/> TIAA	_____	_____ %
<input type="checkbox"/> VALIC	_____	_____ %
<input type="checkbox"/> VOYA Financial Services	_____	_____ %
		100%

I elect to allocate my total employee tax-sheltered contributions as indicated above. This allocation becomes effective within 45 days of receipt of a properly completed form. I have read and understand the information on the back of this application.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**EMPLOYER SECTION**

Name of Employing Agency \_\_\_\_\_ Payroll Number \_\_\_\_\_

Address of Employing Agency \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Certifying Officer Signature \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Mail completed form to: **New Jersey Division of Pensions & Benefits, ACTS Program, P.O. Box 295, Trenton, NJ 08625-0295**

FOR DIVISION USE ONLY

SALARY REDUCTION AGREEMENT - CONFIRMATION OF RECEIPT BY  
THE NEW JERSEY DIVISION OF PENSIONS & BENEFITS (NJDPB)

Effective  
 Authorized Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL CONTRIBUTIONS TAX-SHELTERED (ACTS) PROGRAM  
 CARRIER ELECTION AND ALLOCATION**

**GENERAL INFORMATION**

Employees of county colleges, State universities and colleges, the Commission on Higher Education, the Department of Education, and the Office of Student Assistance can participate in the Additional Contributions Tax-Sheltered (ACTS) Program. ABP members have the option to select the same individual providers through the regular Alternate Benefit Program.

A *Provider Election and Allocation* form must be filed to identify the investment carrier(s) with which you want your contributions invested. If you are a new participant, this form must be accompanied by the *Salary Reduction Agreement* form.

**INSTRUCTIONS FOR APPLICANTS:**

Please read all information carefully when completing this form. Where applicable, indicate your name, mailing address, Social Security number, and telephone number where you may be reached during daytime working hours. If you are a member of a State-administered retirement system, check the name of the system and provide your membership number.

To authorize any investment provider(s), indicate if your request is an "Initial Election" or a "Subsequent Election." ***A SUBSEQUENT ELECTION WILL REPLACE ALL PREVIOUS SELECTIONS.*** Place a mark in the box to the left of the name of the provider(s) you have selected and provide your account number assigned with that provider. Enter the percent of the reduction that you want allocated to the provider(s). Percentages must be in whole numbers and the total must equal 100 percent.

Sign and date the form and have your Certifying Officer complete the employer section. A copy will be returned to you as confirmation of receipt and indicate the date your reduction will take effect.

It is your responsibility to complete the necessary forms to establish a valid account with the carrier(s) you select for your investments. If you fail to establish an account with the provider(s), you may lose earnings from your contributions. Additionally, the provider(s) will return your contributions to the NJDPB and your participation will be delayed.

**INSTRUCTIONS FOR EMPLOYERS**

Please enter the name, address, and payroll number of your agency. The designated Certifying Officer must sign the form indicating his/her title, telephone number, and the date. Upon completion, return this form to:

**Division of Pensions & Benefits  
 ACTS Program  
 P.O. BOX 295  
 Trenton, NJ 08625-0295**