

STATE OF NEW JERSEY  
DIVISION OF PENSIONS AND BENEFITS

ALTERNATE BENEFIT PROGRAM  
ELECTION OF RETIREMENT COVERAGE  
TRANSFER FROM PERS/TPAF

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Title \_\_\_\_\_

Employing Institution \_\_\_\_\_

I certify that I am now a member of:

The NJ Teachers' Pension and Annuity Fund  
and my membership number in the Fund is: # \_\_\_\_\_

The NJ Public Employees' Retirement System  
and my membership number is: # \_\_\_\_\_

— SIGN ONE STATEMENT ONLY —

I wish to transfer my pension contributions to the Alternate Benefit Program and waive my statutory right to remain in or transfer to the Public Employees' Retirement System. I understand that my decision is irrevocable. I wish my accumulated pension deductions and any contingent reserve funds to which I am entitled to be invested with the one investment carrier designated below:

- \_\_\_\_\_ AXA Financial (Equitable)
- \_\_\_\_\_ MassMutual Retirement Services (formerly The Hartford)
- \_\_\_\_\_ ING/VOYA Financial Services
- \_\_\_\_\_ MetLife (formerly Travelers/CitiStreet)
- \_\_\_\_\_ Prudential
- \_\_\_\_\_ TIAA-CREF
- \_\_\_\_\_ VALIC

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

— OR —

I wish to remain in the Public Employees' Retirement System (PERS) or transfer my pension contributions to the PERS from the Teachers' Pension and Annuity Fund and waive my statutory right to participate in the Alternate Benefit Program. I understand that my decision is irrevocable.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

### EMPLOYER'S CERTIFICATION FOR WITHDRAWAL

**THIS FORM MUST BE COMPLETED BY FORMER EMPLOYER**

- 1. Name of Member \_\_\_\_\_
- 2. Membership No. \_\_\_\_\_ 3. Social Security No. \_\_\_\_\_

This certification will be used to calculate the payment due to the member.

**DO NOT COMPLETE THIS FORM UNTIL THE LAST DEDUCTION FROM SALARY HAS BEEN MADE.**

I certify that \_\_\_\_\_  resigned  
NAME OF FORMER EMPLOYEE  was dismissed (no appeal pending)  
 was dismissed (appeal pending)

from this organization on \_\_\_\_\_ . The last pension deduction was made \_\_\_\_\_ .  
DATE BIWEEKLY PAY PERIOD / YEAR  
OR MONTH / YEAR\*

*\*State employers must enter the number of the pay period and the year of the last pension deduction. All other employers must enter the month and year of the last pension deduction and be sure to submit that deduction for the entire month.*

The employee  IS, or  IS NOT receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment and  DOES, or  DOES NOT have a Workers' Compensation claim or litigation pending.

#### CERTIFICATION OF SALARY DEDUCTIONS ONLY TO BE COMPLETED FOR ANY UNPOSTED PENSION CONTRIBUTIONS

I certify that the following deductions have been made from the employee's salary during the last two quarterly periods ending with the current quarter. State biweekly reporting agencies must attach a completed Supplemental Biweekly Certification of Employing Agency or a screen print of the Centralized Payroll History screen in lieu of completing this item.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	FULL RATE (%)	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS	ARREARS AND/OR PURCHASES	TOTAL PENSION CONTRIBUTIONS	SACT YES OR NO
	\$		\$	\$	\$	\$	\$	
	\$		\$	\$	\$	\$	\$	

Signature of Certifying Officer \_\_\_\_\_ Date \_\_\_\_\_

Employing Agency \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE