FS-0957-0814

PO BOX 295
TRENTON, NJ 08625-0295

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

EMPLOYEE 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. Effective Date of Retirement/Withdrawal: _____ 6. Social Security No.: _____

7. Date of Birth: _____ 8. Sex: ❑ Male ❑ Female
Month / Day / Year

9. Home Phone#: ( ) _____ 10. Business Phone#: ( ) _____
(Area Code) (Area Code)

11. FEDERAL INCOME TAX WITHHOLDING: *(Check one)*

❑ Withhold tax from my check ❑ Do not withhold tax from my check

_____ _____
SIGNATURE (DATE)

PREPAYMENT OF TAX — You are responsible for Federal Income Tax that may be due on your account distribution and are subject to tax penalties if your payment of estimated tax withholding is inadequate.

INCOME TAX INFORMATION — Consult you tax advisor or the IRS for detailed tax information.

(a) The table income portion of your distribution may be rolled over to an IRA or another qualified tax-sheltered plan within 60 days of the check date.

(b) The taxable amount of your distribution may be eligible for special averaging. See IRS Form #4972 "*Tax on Lump-Sum Distributions.*"

(c) If you are under the age of 55, the taxable portion of your distribution may be subject to an early withdrawal penalty if not rolled over within 60 days of the check date. See IRS Publication #575 *"Pension and Annuity Income."*

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

TAX WITHHOLDING CERTIFICATE — CONFIRMATION OF RECEIPT

_____ _____ _____
SACT TYPE ADMINISTRATOR'S SIGNATURE DATE