



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES
 P.O. Box 295, Trenton, NJ 08625-0295
NON-MEMBER DESIGNATION OF BENEFICIARY

Designate someone to contact and receive any amounts due upon your death.

You have been designated as a beneficiary and will receive benefits from a New Jersey State-administered retirement system due to the death of _____
Print Decedent's Name *Print Decedent's Social Security Number*

You must fill out this beneficiary form so, in the event of your death, the New Jersey Division of Pensions & Benefits (NJDPB) will be able to contact the beneficiary.

Decedent was a recipient of benefits from the:

- | | |
|--|---|
| <input type="checkbox"/> Public Employees' Retirement System (PERS) | <input type="checkbox"/> State Police Retirement System (SPRS) |
| <input type="checkbox"/> Teachers' Pension and Annuity Fund (TPAF) | <input type="checkbox"/> Judicial Retirement System (JRS) |
| <input type="checkbox"/> Police and Firemen's Retirement System (PFRS) | <input type="checkbox"/> Prison Officers' Pension Fund (POPF) |
| | <input type="checkbox"/> Consolidated Police and Firemen's Retirement System (CPFERS) |

Decedent's Retirement Number _____

Primary Beneficiary(ies) - Receives payment of any and all amounts due upon death.

BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER
1. _____	_____	___/___/___	_____
Address _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
2. _____	_____	___/___/___	_____
Address _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
3. _____	_____	___/___/___	_____
Address _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Contingent Beneficiary(ies) - Receives payment due if primary beneficiary(ies) are deceased.

BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER
1. _____	_____	___/___/___	_____
Address _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
2. _____	_____	___/___/___	_____
Address _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
3. _____	_____	___/___/___	_____
Address _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

_____	_____	___/___/___	_____
<i>Print Your Full Name</i>	<i>Your Social Security Number</i>	<i>Your Date of Birth</i>	

<i>Your Mailing Address</i>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>

_____	___/___/___
<i>Your Signature</i>	<i>Date</i>