



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

P.O. Box 295, Trenton, NJ 08625-0295

APPLICATION FOR LAST CHECK BENEFIT

INSTRUCTIONS TO THE APPLICANT

N.J. Statute states that any pension monies owed to members after their time of death are payable to their beneficiary/estate/trust, etc. As the named beneficiary on this account, you are entitled to the member's last pension check. Please complete this form and return to Beneficiary Services at the address above.

PART 1 — MEMBER INFORMATION

Member's Name _____ Retirement Number _____

PART 2 — BENEFIT OPTIONS (Choose one only)

1. The member's last pension check was cashed/deposited. I hereby relinquish my right to this benefit as I already have/had access to these funds.
2. The last pension check was deposited directly into the member's bank account. Since I do not have access to the account, I authorize the New Jersey Division of Pensions & Benefits (NJDPB) to request this check back from the bank. Upon return of the funds, I ask that the NJDPB issue the last check benefit to me.
3. The last pension check was mailed to the member's home. Since I do not have the authority to cash it, I am returning the check to the NJDPB. Upon receipt of the returned check, please issue this benefit to me.
4. I have no knowledge of the last check benefit. I did not receive the funds, they were not deposited into the member's account, and I do not have access to it by any means. I authorize the NJDPB to take the necessary steps to recover these funds. Once the NJDPB has recovered the funds, please issue the last check benefit to me.

PART 3 — CLAIMANT INFORMATION

Your Name _____ Social Security Number _____
Please Print

Address _____
Street City State Zip Code

Phone Number _____ Date of Birth ____/____/____

Your Signature Date