FS-0086-1220

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

SUPPLEMENTAL ANNUITY COLLECTIVE TRUST (SACT) — ENROLLMENT REQUEST

PART 1 - MEMBER INFORMATION (To be completed by the member.)

1. Name _____
Last *First* *Middle*

Address _____
Street *City* *State* *Zip*

Social Security Number _____ Date of Birth _____/_____/_____ Gender ☐ Male ☐ Female

Membership Number _____ Phone Number _____

2. I am a member of: ☐ PERS ☐ TPAF ☐ JRS ☐ PFRS ☐ SPRS ☐ Other

3. I request a: ☐ New SACT Enrollment ☐ Transfer of Existing SACT Account

☐ Regular Deductions _____ percent; or

☐ Tax-Sheltered Reductions _____ percent (For members employed by a public educational institution only.)

Note: Rates must be whole percentages. Minimum rate is one percent. Maximum rate is IRS 403(b) contribution limit (changes yearly).

PART 2 - DESIGNATION OF BENEFICIARY (To be completed by the member.)

4. **Primary Beneficiary** – Receives payment of any and all amounts due upon death.

Name _____
Last *First* *Middle*

Address _____
Street *City* *State* *Zip*

Social Security Number _____ Date of Birth _____/_____/_____ Gender ☐ Male ☐ Female

5. **Contingent Beneficiary** – Receives payments due if primary beneficiary is deceased.

Name _____
Last *First* *Middle*

Address _____
Street *City* *State* *Zip*

Social Security Number _____ Date of Birth _____/_____/_____ Gender ☐ Male ☐ Female

Note: Changes of beneficiary forms filed with the regular retirement system do not automatically change the beneficiary on file with the SACT. Benefits will be paid in a lump sum. If the beneficiary is a natural person, he/she may elect to recieve the benefits as an annuity under one of the available options.

6. _____ _____ _____/_____/_____
Print Member's Name *Signature* *Date*

PART 3 - EMPLOYER CERTIFICATION (To be completed by the employer.)

I certify that the name, retirement system and membership number shown above are correct. I also certify that the member is currently employed at an annual base salary of $_____ .

7. _____ _____ _____/_____/_____
Print Certifiying Officer's Name *Signature* *Date*

_____ _____ _____
Employer Name *Payroll Number* *Location Code Number*

ENROLLMENT REQUEST CONFIRMATION - FOR NJDPB USE ONLY

_____/_____/_____ _____ _____/_____/_____
Effective Date *Administrator's Signature* *Date*