



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) —  
DISTRIBUTION FORM**

**COMPLETE THIS FORM ONLY IF YOU HAVE SELECTED AN OPTION #2 LUMP SUM SETTLEMENT.** This form is not required if you selected Annuity Option 1,3,4,5, or 6.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_ Retirement System Number \_\_\_\_\_  
 Retirement Date \_\_\_\_\_

**PART 1 – Designate your payment choice for each of your SACT types. Make one selection for each of your SACT accounts.**
**A. SACT REGULAR** (*check one*)

DIRECTLY TRANSFER \_\_\_\_\_ percent or \$ \_\_\_\_\_ (\$500 minimum) of the amount qualified for rollover with any remaining balance paid to me. **Please complete PART 2 of this form if you select this option.**  
 or

PAY DIRECTLY TO ME the amount qualified for rollover. I understand 20 percent federal tax will be withheld (the check stub will provide detailed information for income tax reporting. This amount will be included in the check representing your contributions).

**B. SACT TAX SHELTER** (*check one*)

DIRECTLY TRANSFER \_\_\_\_\_ percent or \$ \_\_\_\_\_ (\$500 minimum) of the amount qualified for rollover. **Please complete PART 2 of this form if you select this option.**  
 or

PAY DIRECTLY TO ME the amount qualified for rollover. I understand 20 percent federal tax will be withheld (the check stub will provide detailed information for income tax reporting).

**C. SACT QVEC** (Direct transfers not permitted)

Withhold federal tax per IRS schedule  Do not withhold tax

**PART 2 – Complete this section only if you have selected a direct transfer option above.**

Direct my transfer to my established: (*check one*)

Traditional IRA  Roth IRA

Employer plan:  401K  401a  403b  457b

Name of Plan \_\_\_\_\_

Mailing Address \_\_\_\_\_

**PART 3 – I hereby authorize the SACT section of the New Jersey Division of Pensions & Benefits to distribute my funds as directed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date