



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

DESIGNATION OF BENEFICIARY— SUPPLEMENTAL ANNUITY COLLECTIVE TRUST

THIS FORM SUPERSEDES ALL PRIOR DESIGNATIONS OF BENEFICIARIES FOR THE SUPPLEMENTAL ANNUITY COLLECTIVE TRUST OF NEW JERSEY.

Please Note: Change of Beneficiary forms filed with the regular retirement system do not change the beneficiary on file with the Supplemental Annuity Collective Trust.

I _____
Last First Middle

_____ *Maiden Surname* _____ *Last 4 Digits of Social Security Number*

Address _____
Street City State Zip Code

SACT membership number _____

hereby nominate _____
Name of Primary Beneficiary Relationship

_____ *Last 4 Digits of Social Security Number or Federal I.D. Number* _____ *Date of Birth*

Address _____
Street City State Zip Code

as the beneficiary who shall receive payment of any and all amounts due or to become due upon my death, IF LIVING; OTHERWISE TO:

_____ *Name of Contingent Beneficiary Relationship*

_____ *Last 4 Digits of Social Security Number or Federal I.D. Number* _____ *Date of Birth*

Address _____
Street City State Zip Code

In the absence of a specific request, if multiple beneficiaries are named the following shall apply: "Share and share alike, survivor or survivors." The benefit will be paid in a lump sum settlement. However, if the beneficiary is a natural person, he or she may elect to receive the benefit as an annuity under one of the available options.

_____ *Signature of Participant* _____ *Date*

Address _____
Street City State Zip Code

DESIGNATION OF BENEFICIARY CONFIRMATION

_____ *Administrator's Signature* _____ *Date*