

CB-0480-0324



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

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

ACTIVE BENEFICIARY VERIFICATION FORM

MEMBER INFORMATION

Name _____ Social Security Number _____

Pension Membership Number _____ County of Death _____

Address _____

BENEFICIARY INFORMATION

Name _____ Your Date of Birth ____/____/____

Address _____ Phone Number _____

_____ Relationship to member (check one)

Does the beneficiary reside in AK, FL, MN, NH, or NY?*

Yes No

- _____ Spouse or Civil Union Partner
- _____ Former Spouse or Civil Union Partner
- _____ Other

**If the beneficiary resides in AK, FL, MN, NH, or NY, the life insurance claim will be settled via a lump sum check unless the beneficiary elects another settlement option.*

Was member ever divorced Yes No
(If yes, you must submit copies of the Divorce Decree(s) with Property Settlement(s) and/or QDRO)

Certification Instructions

You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Tax Identification Number/Form W9 Certification

Under penalties of perjury, I certify that (1) the number provided below is my correct social security number or taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

By signing below, you are validating the above information is accurate and that you have read and acknowledge receipt of disclosures regarding your settlement options, as well as the fraud warnings included as part of this for (see reverse side for fraud warning information).

Signature

Your SSN or Taxpayer Identification Number

____/____/____
Date

Return this signed form to the NJDPB at the address shown above