



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

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — APPLICATION FOR TRANSFER / REHIRE (REPORT OF TRANSFER)

This application must be completed for all DCRP participants who are either transferring to another location or being rehired.

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

Member Name _____
First Middle Last

Member Address _____
Street City State Zip Code

Social Security Number _____ DCRP Membership Number _____

Former Employer _____ Resignation Date ____/____/____

Note: Any change which you wish to make to beneficiaries must be made on the appropriate change form which may be obtained from your benefits officer.

PART 2 — EMPLOYER INFORMATION (To be completed by the new employer.)

New Employer Name _____ PERS Location Number _____

Employee's Title _____ Appointment Date ____/____/____

Annual Base Salary \$ _____ Employed 10 Months 12 Months

I certify that this employee is eligible under the rules and regulations of the DCRP for participation in the program.

Two signatures required.

Signature of Certifying Officer Title ____/____/____
Date

Signature of Certifying Officer's Supervisor Title ____/____/____
Date

Phone Number