

**STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS**



**JUDICIAL RETIREMENT SYSTEM
Application for Withdrawal**

**PO Box 295
Trenton, NJ 08625-0295**

INSTRUCTIONS FOR COMPLETING THE WITHDRAWAL APPLICATION

PART ONE AND PART TWO OF THE APPLICATION FOR WITHDRAWAL are to be completed by the member and signed. The application should then be returned to the Division of Pensions and Benefits. If you have difficulty completing this form, please call the Division of Pensions and Benefits, Judicial Retirement System at (609) 292-0909 for assistance. The Division of Pensions and Benefits cannot give tax advice.

PART ONE:

ITEM 2 — ADDRESS

Withdrawal checks must be mailed. They cannot be picked up at the Division of Pensions and Benefits. If you move between the time you file the application and the check is mailed, you may change your address by contacting the Division's Judicial Retirement System at (609) 292-0909.

ITEM 8 — REASON FOR TERMINATION

You must indicate the reason and date of your termination.

ITEM 9 — WORKERS' COMPENSATION CASES

If you are receiving Workers' Compensation benefits, the Division is required to send you an additional retirement benefit waiver form which you must complete and return before we can process your withdrawal.

ITEM 10 — WAIVER OF RETIREMENT BENEFITS

If you are age 60 or have at least five years of judicial service and at least 10 years in the aggregate of public service credit when you file for withdrawal, you must waive any rights you have to a retirement or death benefit. This written waiver is part of a letter which states the amount of retirement and death benefits to which you are entitled if you do not withdraw. No withdrawal application can be processed until all the necessary information has been received from you and the Administrative Office of the Courts.

PART TWO: ROLLOVER ELECTION — SELECTION OF PAYMENT TYPE

If Part Two is not completed or completed incorrectly, the Division of Pensions and Benefits will make your total payment payable to you and withhold 20% federal income tax on the taxable portion of your payment.

DO NOT RETURN THE APPLICATION WITHOUT COMPLETING PART TWO.

Please carefully read the payment selection information on the following page, the instructions on the application and Fact Sheet #27, *The Taxability and Mandatory Withholding of Income Tax from your Pension Distribution*, before completing this portion of your application. Your selection in Part Two of the application cannot be changed once your application has been processed.

(continued on next page)

Selection 1 - If you choose this selection, the Division of Pensions and Benefits will make your benefit check payable to you at the address listed in Part 1. **20% of the taxable portion of your payment will be withheld** as federal income tax.

Selection 2 - If you choose this selection, there will be a direct **rollover of the entire taxable and non-taxable portion** of your payment. **This selection is only open to those whose taxable portion is \$200 or more.** You must insert the name of the financial institution or employer plan that will accept your rollover. The Division of Pensions and Benefits will mail a check to you which will be made payable to the institution or employer plan you selected to accept your rollover.

Selection 3 - If you choose this selection, there will be a direct **rollover of a portion** of your total payment. **This selection is only open to those whose taxable portion is \$200 or more.** You must insert the dollar amount you wish to roll over and the name of the financial institution or employer plan that will accept your rollover. The remaining portion of your withdrawal payment will be paid to you in a separate check, less 20% for federal tax, on the taxable amount of the remaining balance. If your total payment includes a return of after-tax contributions, both the direct rollover and the payment to you will include a portion of the after-tax contributions.

PART THREE: SIGNATURE

Be sure to sign and date your application. For your own protection, unsigned applications will not be processed. The Division cannot accept photocopies or facsimiles of completed applications.

NOTE: If you are a participant in the **Supplemental Annuity Collective Trust (SACT)** or **New Jersey State Employees Deferred Compensation Plan (NJSEDCP)**, and are withdrawing all accumulated salary deductions in the retirement system, a separate application to withdraw from these plans must be filed and submitted to the Division of Pensions and Benefits.

To obtain an application for SACT of the NJSEDCP, please call (609) 633-2031 for SACT or 1-866-NJSEDCP for NJSEDCP.

EMPLOYER CERTIFICATION

The *Employer Certification for Withdrawal* form must be filled out by your former employer after you have terminated employment. While the employer's certification does not have to accompany your *Application for Withdrawal*, **WE CANNOT PROCESS YOUR APPLICATION UNTIL WE RECEIVE THE EMPLOYER'S CERTIFICATION.**

JUDICIAL RETIREMENT SYSTEM APPLICATION FOR WITHDRAWAL

Please read instructions carefully before completing the application.

PART ONE: To be completed by member. Please print.

1. Name _____
FIRST MIDDLE INITIAL LAST

2. Mailing Address _____
STREET APT. NO.

CITY STATE ZIP CODE

3. Daytime Telephone No. (_____) _____
AREA CODE

4. Date of Birth _____
MONTH DAY YEAR

5. Member No. _____

6. Social Security No. _____

7. Employer ADMINISTRATIVE OFFICE OF THE COURTS

8. Please indicate the reason and date you terminated employment Resigned Dismissed

Date: ____/____/____
MM DD YYYY

9. I AM, or AM NOT receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment.

I DO, or DO NOT have a Workers' Compensation claim or litigation pending.

10. If you are age 60 or have at least five years of judicial service and at least 10 years in the aggregate of public service credit when you file for withdrawal, you **must** waive any rights you have to a retirement or death benefit. This written waiver is part of a letter which states the amount of retirement and death benefits to which you are entitled if you do not withdraw. ***This item must be completed before your application can be processed. If you do not complete the waiver, you will receive an estimate of the retirement and group life insurance benefits for which you would be eligible and a benefit waiver form which must be completed and returned before we can process your withdrawal.***

Although I am eligible for retirement, I elect to withdraw my pension contributions and hereby waive my right to receive a lifetime monthly allowance and group life insurance at retirement in favor of receiving a refund of my pension contributions now.

(You must sign here)

Member's Name _____

Member No. _____

PART TWO: To be completed by member. Please print.

Please carefully read the following section and indicate your choice by checking one of the boxes below (this selection is irrevocable once made). For an explanation of these selections read the instructions for Part Two in *Completing the Withdrawal Application*. If Part Two is not completed or is completed incorrectly, the Division of Pensions and Benefits will automatically withhold 20% federal income tax.

IMPORTANT: YOUR SELECTION IS IRREVOCABLE.

Rollover is only available if the taxable portion of your payment is \$200 or more.

1. **Payment to me and withhold 20% federal income tax** on the taxable portion of my payment.

2. **Roll over the entire payment including any after tax contributions** to the following institution or employer plan: _____
This is an: IRA Eligible Employer Plan Roth IRA

3. **A partial roll over of \$_____ (dollar amount)** of my payment to the following financial institution or employer plan with the remaining amount paid to me (after withholding 20% federal income tax on the taxable portion): _____
This is an: IRA Eligible Employer Plan Roth IRA

Please note that the rollover payment will include an allocable portion of any after-tax contribution.

PART THREE: By signing this *Application for Withdrawal* I certify that I have read the letter sent with this form and Fact Sheet #27, *The Taxability and Mandatory Withholding of Income Tax from you Pension Distribution*, and fully understand the tax options available to me including the option to rollover my benefit to an IRA or Eligible Employer Plan. I further certify that, if I have elected a rollover under option 2 or 3 above, the receiving IRA or eligible employer plan is eligible to receive my rollover from this qualified plan (as described in Fact Sheet #27) and will accept any after-tax contributions included in my rollover. I understand that my selection in Part Two cannot be changed.

Signature

Date

EMPLOYER'S CERTIFICATION FOR WITHDRAWAL

THIS FORM MUST BE COMPLETED BY FORMER EMPLOYER

1. Name of Member _____

2. Membership No. _____ 3. Social Security No. _____

This certification will be used to calculate the payment due to the member.

DO NOT COMPLETE THIS FORM UNTIL THE LAST DEDUCTION FROM SALARY HAS BEEN MADE.

I certify that _____
NAME OF FORMER EMPLOYEE

resigned
 was dismissed (no appeal pending)
 was dismissed (appeal pending)

from this organization on _____ . The last pension deduction was made _____ .
DATE BIWEEKLY PAY PERIOD / YEAR OR MONTH/ YEAR*

**State employers must enter the number of the pay period and the year of the last pension deduction. All other employers must enter the month and year of the last pension deduction and be sure to submit that deduction for the entire month.*

The employee IS, or IS NOT receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment and DOES, or DOES NOT have a Workers' Compensation claim or litigation pending.

CERTIFICATION OF SALARY DEDUCTIONS ONLY TO BE COMPLETED FOR ANY UNPOSTED PENSION CONTRIBUTIONS

I certify that the following deductions have been made from the employee's salary during the last two quarterly periods ending with the current quarter. State biweekly reporting agencies must attach a completed Supplemental Biweekly Certification of Employing Agency or a screen print of the Centralized Payroll History screen in lieu of completing this item.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	FULL RATE (%)	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS	ARREARS AND/OR PURCHASES	TOTAL PENSION CONTRIBUTIONS	SACT YES OR NO
	\$		\$	\$	\$	\$	\$	
	\$		\$	\$	\$	\$	\$	

Signature of Certifying Officer _____ Date _____

Employing Agency _____ Telephone Number (_____) _____
AREA CODE

INSTRUCTIONS FOR COMPLETING THE EMPLOYER'S CERTIFICATION

This certification must be completed by the employer when a member files for the withdrawal of pension contributions. Failure to provide this information will delay processing of the member's *Application for Withdrawal*. If you need assistance in completing this certification, call the Division of Pensions and Benefits, Judicial Retirement System at (609) 292-0909.

ITEMS REQUIRING SPECIAL ATTENTION

REASON FOR LEAVING

You must indicate the member's reason for leaving. Place an (X) in the box next to "resigned," or if the member was dismissed, you must also indicate with an (X) if the dismissal has an appeal pending or no appeal pending. This information is required before processing the withdrawal application.

TERMINATION DATE

A member must terminate employment **before** this certification can be submitted to the Division of Pensions and Benefits. Include the date of termination and the date of the last pension deduction. **State biweekly reporting agencies must enter the number and year of the last pay period of the last pension deduction. All other employers must enter the month and year of the last pension deduction.**

WORKER'S COMPENSATION

Please indicate if the member was receiving periodic benefits under a claim filed for Worker's Compensation. Place an (X) in the block to indicate if the member IS or IS NOT receiving these benefits. You must also indicate with an (X) if the member DOES or DOES NOT have a Worker's Compensation claim or litigation pending. This information is required before processing the withdrawal application.

SALARY DEDUCTIONS

Indicate the following: (1) quarter ending, (2) amount of monthly base salary subject to contributions, (3) full rate of contribution, (4) the dollar amount of the deduction, (5) loan repayment amount (if any), (6) back deductions, (7) arrears or purchase deductions, (8) the total pension contributions (include all deductions for the quarter), and (9) answer "yes" or "no" to whether the member contributed to the Supplemental Annuity Collective Trust (SACT).

**SUBMIT THIS CERTIFICATION TO: JUDICIAL RETIREMENT SYSTEM
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295**