



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

APPLICATION FOR TRANSFER / REHIRE —ALTERNATE BENEFIT PROGRAM (ABP) (REPORT OF TRANSFER)

This application must be completed by all ABP participants who are transferring employers and continuing their ABP participation.

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

Name _____
First Middle Last

Address _____
Street City State Zip Code

ABP Membership Number _____ Former Employer _____

Former Job Title _____ Resignation Date ____/____/____

New Employer Name _____

Note: Any change you wish to make to beneficiaries or to payroll deductions must be made on the appropriate change forms which may be obtained from your benefits officer. If you had a Salary Reduction Agreement with your former employer and wish to continue the reduction, you must sign a new agreement with your new employer.

PART TWO — EMPLOYER CERTIFICATION (To be completed by the employer)

Employee's Title _____

Appointment Date ____/____/____ Carrier _____

Full-Time Employee Yes No Employed 10 Months 12 Months

Academic Yes No Social Security Number (last four digits) _____

Annual Base Salary \$ _____ Location or Payroll Number _____

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

Print Certifying Officer Name Signature Date

Print Certifying Officer Supervisor Name Signature Date

Institution