



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 - To be completed by the employee *(Please print)*

Name _____

Address _____

I, _____, ABP Membership No. _____
Assigned by NJDPB

resigned my position as _____ at _____

on the _____ day of _____, 20 _____. I hereby notify the New Jersey Division of Pensions

& Benefits (NJDPB) that I have accepted employment at _____ and request that the NJDPB

continue my participation in the ABP with this new employer.

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 - To be completed by the employer *(Please print)*

1. Employee's Title _____

2. Appointment Date _____ 3. Vendor _____

4. Full-Time Employee: Yes No 5. Employed: 10 Months 12 Months

6. Academic: Yes No 7. Social Security No. *(last four digits)* _____

8. Annual Base Salary \$ _____ 9. Location or Payroll No. _____

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.

Signature of Certifying Officer Title Date

Signature of Certifying Officer's Supervisor Title Date

Institution Date