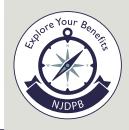
ABP-80-0082-1020



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

ALTERNATE BENEFITS PROGRAM (ABP) – SALARY REDUCTION AGREEMENT

Name	First	Midalla	
Lasī	First	Middle	
Social Security Number	ABP Number		
Address			
Street	City	State	Zip Code
Phone Number			
will be reduced by voluntary contribution of reduction shall be	Ite of New Jersey agree that the employee? Ins beyond those required by the Alternate Inserted percent and will take effect on or after It is a the employee's statutory exclusion allow It is Revenue Code. The additional voluntary It is andatory contributions.	Benefit Program (And the first day ofownce under Sec	ABP). The amount tion 403(b) or the
either party may terminate this agreem	g as to each of the parties hereto while eent as of the end of any month, so that it in notice of the date of termination; and pray be made within any taxable year.	will not apply to sa	lary subsequently
			1 1
Employee Signature			Date
Print Certifying Officer Name	Signature		_// Date
Certifying Officer Phone Number			
Note: The requested change will be New Jersey Division of Pensions	e implemented approximately 30 days s & Benefits.	after receipt of	this form by the
Mail the completed form to:	New Jersey Division of Pensions	& Benefits	

P.O. Box 295

Trenton, NJ 08625-0295