



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — WITHDRAWAL SECTION
 P.O. Box 295, Trenton, NJ 08625-0295
EMPLOYER'S CERTIFICATION FOR WITHDRAWAL

This form must be completed by the former employer.

1. Name of Member _____
 2. Membership Number _____ 3. Social Security Number _____

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 _____ .
*Month Day Year 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 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 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
	\$		\$	\$	\$	\$	\$	
	\$		\$	\$	\$	\$	\$	

Certifying Officer: _____
Print Name Signature Date

Phone Number: (_____) _____ — _____ Ext: _____ Email Address: _____

INSTRUCTIONS FOR COMPLETING THE EMPLOYER'S CERTIFICATION FOR WITHDRAWAL

This certification must be completed by the employer when a member files for the withdrawal of pension contributions. All certifications should be submitted online using the Employers' Pensions and Benefits Information Connection (EPIC). In the event that you cannot complete the *Employer's Certification for Withdrawal* online, please mail this completed form to the address below. 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 New Jersey Division of Pensions & Benefits (NJDPB) Office of Client Services at (609) 292-7524.

ITEMS REQUIRING SPECIAL ATTENTION

Reason For Leaving

You must indicate the member's reason for leaving. Place an (X) in the appropriate box indicating whether the member resigned or was dismissed with or without an appeal. This information is required before processing the *Application for Withdrawal*.

Termination Date

A member must terminate employment before this certification can be submitted to the NJDPB. 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.

Workers' Compensation

Please indicate if the member was receiving periodic benefits under a claim filed for Workers' Compensation. Place an (X) in the box 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 Workers' Compensation claim or litigation pending. This information is required before processing the *Application for Withdrawal*.

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:

**New Jersey Division of Pensions & Benefits
Withdrawal Section
P.O. Box 295
Trenton, NJ 08625-0295**