



**DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION**

P.O. Box 295, Trenton, NJ 08625-0295

**APPLICATION FOR INTERFUND TRANSFER**

This application must be completed by you and your former employer and must accompany a new *Enrollment Application* for the retirement system to which you are transferring.

- PART 1 — Check one:**
- Transfer to Teachers' Pension and Annuity Fund
  - Transfer to Public Employees' Retirement System
  - Transfer to Police and Firemen's Retirement System
  - Transfer to State Police Retirement System
  - Transfer to Judicial Retirement System

1. Print Full Name \_\_\_\_\_ 2. Membership Number \_\_\_\_\_

3. Address \_\_\_\_\_  
Street City State Zip Code

4. Currently a member of the \_\_\_\_\_  
Name of Retirement System

5.  Resigned  Was dismissed  Other \_\_\_\_\_ from my position as \_\_\_\_\_  
Reason Title of Position

6. Date of Termination (MM/DD/YYYY) \_\_\_\_\_ 7. New Employer \_\_\_\_\_  
New Employer Name County

8. I hereby apply for the transfer of my membership to the retirement system indicated above and authorize payment of the withdrawal value of my account to be made to that system subject to the statutes, rules and regulations of that system. I understand that once my Application for Interfund Transfer is submitted to the New Jersey Division of Pensions & Benefits (NJDPB), I cannot change my decision to transfer.

\_\_\_\_\_  
Member Signature Date

**PART 2 — CERTIFICATION OF FORMER EMPLOYING AGENCY** (Certification will be used to calculate the payment due.)

I hereby certify that \_\_\_\_\_  
Name of Member

resigned       position abolished/laid off  
 was dismissed (no appeal pending)  
 was dismissed (appeal pending)

from this department, agency, or school district on \_\_\_\_\_ . The last salary deduction was made on \_\_\_\_\_  
Date Date of Separation

\_\_\_\_\_ for \_\_\_\_\_ . The employee's annual base salary prior to resignation/dismissal was \$ \_\_\_\_\_ .  
Date Month Year

I further certify that the following deductions have been made from his/her salary during the last two quarterly periods ending with the current quarter (see *Quarterly Report Of Contributions*). Biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salary projected until termination date.

Quarter Ending	Base Salary Subject to Contributions This Quarter	Pension Contribution	Loan Repayment	Back Deductions		Arrears and/or Purchases	Total Pension Deductions	Supplemental Annuity	
				No. Payments	Amount			% Rate	Amount

I certify that this employee and position met the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. 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 Print Name Of Certifying Officer Date

\_\_\_\_\_  
Title Employing Agency

\_\_\_\_\_  
County Phone Number Extension

\_\_\_\_\_  
Signature Of Certifying Officer's Supervisor Print Name Of Certifying Officer's Supervisor Date

\_\_\_\_\_  
Title Phone Number Extension