



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

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

**ELECTION TO WAIVE ABP PARTICIPATION
FOR MEMBERS OF PERS/TPAF**

Name _____

Social Security Number _____ Title _____

Employing Institution _____

I certify that I am now a member of the:

Teachers' Pension and Annuity Fund (TPAF)
Membership Number _____

Public Employees' Retirement System (PERS)
Membership Number _____

In accordance with N.J.S.A. 18A:66-170, this form must be filed with the New Jersey Division of Pensions & Benefits (NJDPB) within 30 days of the appointment to an eligible Alternate Benefit Program (ABP) position or within 90 days of a job title being declared eligible by the NJDPB.

I wish to remain in the Public Employees' Retirement System (PERS) or transfer my pension contributions to the PERS from the Teachers' Pension and Annuity Fund (TPAF) and waive my statutory right to participate in the ABP. I understand that my decision is irrevocable.

Employee Signature

Date

WITNESSED BY OFFICIAL OF EMPLOYING AGENCY

Signature of Official _____

Title _____

Institution _____