



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — RETIRED PAYROLL

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

AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT PAYMENT/SURVIVOR BENEFIT**INSTRUCTIONS**

1. Read the terms and conditions listed below.
2. Enter your name, mailing address, retirement number (for retirement payment and survivor benefit), Social Security number, and home telephone number.
3. Mark the appropriate payment and account type boxes, and print the financial institution's account number, routing number, and name and address where indicated. Be sure to double-check your account and nine-digit routing numbers before submitting this form — inaccurate information will delay processing of this application or your payment.
4. You and all other parties to this account must sign the form. You are required to notify the New Jersey Division of Pensions & Benefits (NJDPB) of any changes to this account.
5. Attach a voided check if using a checking account and return the completed form to the NJDPB at the address above.

RECIPIENT INFORMATIONFund: PERS TPAF PFRS SPRS JRS

Your Name: _____

Retirement No.: _____
(For Retirement Payment and Survivor Benefit Only)

Your Address: _____

Social Security Number: _____

Home Phone Number: _____

*Name of Financial Institution*_____
*Street of Financial Institution*_____
*City, State, Zip of Financial Institution*_____
*Your Signature and Date*_____
*Your Account Number*TYPE OF ACCOUNT: CHECKING SAVINGS_____
*Financial Institution's Nine-Digit Routing Number*_____
*Signature of Other Person on Account and Date*_____
Signature of Other Person on Account and Date

Please read the terms and conditions below and attach a voided check if authorizing a checking account. This will be used to verify your financial institution's routing and account number.

TERMS AND CONDITIONS**Benefit Recipient**

I authorize the NJDPB and the financial institution indicated to directly deposit my net retirement allowance or survivor benefit each month to the account specified. Direct deposit under this authorization is full satisfaction and discharge of the amount then due and payable under the retirement system or benefit program. I understand that the provisions of the statutes governing the pension funds prohibit the deposit of retirement payments to a trust fund. I understand that any retirement allowance or survivor benefit forwarded to the financial institution with a due date after my death will be refunded to the appropriate retirement system. I agree that the financial institution shall have the right of offset for such a refund. I further understand that this agreement may be changed by me upon written notification to the NJDPB. The change will be processed for the pay period following the NJDPB's receipt of the notice. I understand that a change in the title of this account which alters the interest of any party terminates this authorization, and a new authorization submitted to the NJDPB with any deletions or additions to the parties named on the account, or changes to the account itself. I understand that it is my responsibility to inform the NJDPB of address changes immediately. I authorize the financial institution to provide the NJDPB with my home address.

Other Parties to the Account

As a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, for the full amount of all retirement allowances or survivor benefit payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system or benefit program. If I am entitled to any benefit from the retirement system or benefit program as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the NJDPB with my home address.