FL-0851-0919

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

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — APPLICATION FOR TRANSFER / REHIRE (REPORT OF TRANSFER)

This application must be completed for all DCRP participants who are either transferring to another location or being rehired.

PART ONE - To be completed by the employee *(Please print)*

I, _____, DCRP Membership No._____

resigned my position as_____at _____

on the_____ day of _____, 20 _____. I hereby notify the New Jersey Division of Pensions & Benefits (NJDPB) that I have accepted employment at _____ and request that the NJDPB continue my participation in the DCRP with this new employer.

Note: Any change which you wish to make to beneficiaries must be made on the appropriate change form which may be obtained from your benefits officer.

PART TWO - To be completed by the employer *(Please print)*

1. Employee's Title _____

2. Appointment Date_____

3. Employed: ☐ Ten Months ☐ Twelve Months 4. Social Security No._____

5. Annual Base Salary $_____ 6. PERS Location No. _____

I certify that this employee is eligible under the rules and regulations of the DCRP for participation in the program. Two signatures required.

_____ _____ _____
Signature of Certifying Officer *Title* *Date*

_____ _____ _____
Signature of Certifying Officer's Supervisor *Title* *Date*

_____
Employer Name

For NJDCRP Only

Vested ☐ Reinstate forfeiture as of date ☐

_____ _____
Administrator Signature *Date*