FP-0952-0120

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

ALTERNATE BENEFIT PROGRAM (ABP) & DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — WITHDRAWAL REQUEST ACKNOWLEDGMENT RECEIPT

It is important that you read and understand the contents prior to making any decisions regarding elections to withdraw 401(a) contributions.

☐ Alternate Benefits Program (ABP) ☐ Defined Contribution Retirement Program (DCRP)

Name _____

Date of Birth _____/_____/_____ Email address _____

Social Security Number _____ Member Number _____
Last 4 digits

☐ Resigned ☐ Dismissed ☐ Retired Date _____/_____/_____

RETIREMENT AND CASH DISTRIBUTIONS

A vested member of the ABP or the DCRP becomes eligible to commence distributions at any age upon severance from employment or retirement. Members may receive benefits in the form of an annuity or cash distribution. Annuity benefits will be calculated by the Designated Service Provider (DSP) based upon the account accumulation, life expectancy, and the distribution option selected. Participation in the ABP or DCRP shall terminate and the individual shall be considered retired once he or she has elected to receive a cash distribution of the value of his or her accounts in a direct payout as a cash distribution, a rollover, or an annuity (or a combination of these distributions.) The member is considered retired and is not eligible to enroll in any New Jersey State-administered retirement system, nor are they eligible to reenroll in or receive any other benefits afforded under the ABP or DCRP. This includes long-term disability coverage.

ABP Only: Cash distributions to members under the age of 55 are limited to their employee contributions and accumulations. The remaining employer contributions and earnings are available for distribution upon attaining age 55.

I hereby acknowledge that I have read and understand my election to withdraw funds from my mandatory **401(a)** account.

_____ _____/_____/_____
Signature *Date*

Please fax completed form to (609) 633-1696