



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)
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.

Name _____

Date of Birth ____/____/____ Email address _____

Social Security Number _____ Member Number _____

Resigned Dismissed Retired Date ____/____/____

RETIREMENT AND CASH DISTRIBUTIONS

A vested member* of the ABP becomes eligible to commence distributions at any age upon severance from employment or retirement. 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. Members may receive benefits through a cash distribution in the form of a direct payout, a rollover, an annuity, or a combination of these distributions. 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 shall terminate and the individual shall be considered retired once he or she has elected to receive a cash distribution. Once retired, the member 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.** This includes long-term disability coverage.

**Refer to the Alternate Benefit Program (ABP) Fact Sheet for information regarding vesting.*

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

Signature

_____/_____/_____
Date

Please return completed form to:

Fax: (609) 633-1696

Email: ABP@treas.nj.gov