



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  
**SUPPLEMENTAL ANNUITY COLLECTIVE TRUST (SACT) —  
 ENROLLMENT REQUEST**

**PART 1 — TO BE COMPLETED BY PARTICIPANT** *(Please print)*

1. Name \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Street City State Zip

3. Social Security Number \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_ 5. Gender  Male  Female

6. I am a member of:

- Teachers' Pension and Annuity Fund (TPAF)
- Public Employees' Retirement System (PERS)
- Police and Firemen's Retirement System (PFRS)
- Judicial Retirement System (JRS)
- State Police Retirement System (SPRS)
- Other

7. Membership Number: \_\_\_\_\_ 8. Telephone Number: \_\_\_\_\_

9. I hereby apply for enrollment in the SACT and authorize payroll deductions or reductions at the rate and for the purpose indicated below.

Regular Deductions \_\_\_\_\_ percent; or

Tax-Sheltered Reductions \_\_\_\_\_ percent *(For members employed by a public educational institution only)*

*(Rates must be only whole percentages between one percent up to the maximum contribution allowable is the prevailing IRS maximum for all 403(b) plans. A Salary Reduction Agreement must be in effect for those individuals who qualify for and elect the Tax-Sheltered program.)*

**DESIGNATION OF BENEFICIARY**

10. I HEREBY NOMINATE:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female

as the beneficiary who shall receive payment of any and all amounts due or to become due upon my death, if living, otherwise to:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female

In the absence of a specific request, if multiple beneficiaries are named, the following shall apply: "Share and share alike, survivors."

**Note:** Changes of beneficiary forms filed with the regular retirement system do not automatically change the beneficiary on file with the SACT.

The benefit will be paid in a lump sum settlement. However, if the beneficiary is a natural person, he/she may elect to receive the benefits as an annuity under one of the available options.

11. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PART 2 — CERTIFICATION OF EMPLOYING AGENCY** *(Please complete applicable items)*

I certify that the name, retirement system and membership number shown above are correct. I also certify that the member is currently employed at an annual base salary of \$ \_\_\_\_\_.

\_\_\_\_\_ Employing Agency \_\_\_\_\_ Payroll Number \_\_\_\_\_ Location Code Number

\_\_\_\_\_ County \_\_\_\_\_ Administrator's Signature \_\_\_\_\_ Date

**ENROLLMENT REQUEST CONFIRMATION - FOR NJDPB USE ONLY**

\_\_\_\_\_ Effective Date \_\_\_\_\_ Administrator's Signature \_\_\_\_\_ Date