



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

**PERSONAL CONTRIBUTION FORM — SUPPLEMENTAL ANNUITY COLLECTIVE TRUST (SACT)**

**THIS FORM MAY NOT BE USED FOR TAX SHELTERED SUPPLEMENTAL ANNUITY**

Participants who are contributing through payroll deductions may also make lump sum contributions in the last month of any calendar quarter in dollar amounts of \$50 or more. However, participants may not contribute in excess of the federal limit in any fiscal year (July 1 - June 30). Personal contributions may only be submitted during the third month of any calendar quarter (i.e.: March, June, September, December) and become effective the last day of the month.

I, \_\_\_\_\_  
*Last First Middle*

\_\_\_\_\_  
*Social Security Number Membership Number*

\_\_\_\_\_  
*Retirement System*

am forwarding a  Check  Money Order in the sum of \$ \_\_\_\_\_  
to be credited to my account with the Supplemental Annuity Collective Trust of New Jersey.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip Code*

Make all checks payable to: Supplemental Annuity Collective Trust — Regular

**FOR USE BY THE DIVISION OF PENSIONS & BENEFITS ONLY**

Received by Cash Receipts:

\$ \_\_\_\_\_  
*Amount Date Cash Receipt Number*

**PERSONAL CONTRIBUTION CONFIRMATION**

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