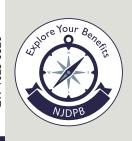
EW-1028-0320



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

ELECTION TO WAIVE ABP PARTICIPATION FOR MEMBERS OF PERS/TPAF

PART ONE - MEMBER INFORMATION (To be completed by the member)		
FART ONE - WEMBER IN	TONIMATION (TO be completed by the member)	
Name		
Social Security Number	Title	
Employing Institution		
I certify that I am now a member of the:		
☐ Teachers' Pension and Annuity Fund (TPA	AF)	
Membership Number		
□ Public Employees' Retirement System (PE	ERS)	
Membership Number		
In accordance with N.J.S.A. 18A:66-170, this form (NJDPB) within 30 days of the appointment to an of a job title being declared eligible by the NJDPB.	eligible Alternate Benefit Program (ABP) position of	
I wish to remain in the Public Employees' Retirement from the Teachers' Pension and Annuity Fund (TPastand that my decision is irrevocable.		
To ensure the right to waive participation in the A NJDPB within 30 days of the appointment to an AB		ed form with the
Freedown Circu		//
Employee Signa	ature	Date
PART TWO - CERTIFICATION OF E	EMPLOYING AGENCY (To be completed by the employer)	
		/ /
Print Certifying Officer Name	Signature	Date

Institution

Title