



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 – APPLICATION FOR WITHDRAWAL

Name _____
First Last Middle Initial

Address _____
Street City State Zip Code

Date of Birth ____/____/____ Gender Male Female Non-Binary

Social Security Number _____ Membership Number _____

Phone Number _____ Email Address _____

I am terminating my membership in the above retirement system and therefore request withdrawal of the value of my account(s) in accordance with the provisions of P.L. 1963, c. 123 (Chapter 123) and the rules and regulations promulgated thereunder.

The taxable portion of your payment may be paid directly to you less 20 percent of the taxable amount withheld for federal income tax or it may be rolled over to an IRA or other employer’s defined contribution plan. Please indicate your choice by checking one of the boxes below and following the instructions for the completion of the remainder of the form. If the Item below is not complete or is completed incorrectly, the New Jersey Division of Pensions & Benefits (NJDPB) will automatically withhold 20 percent federal income tax.

Withhold 20 percent federal income tax on the taxable portion of my payment.

For the options below, refer to the “Change in Tax Treatment Resulting from a Direct Rollover” portion of the *Tax Information for Pension Distributions* Fact Sheet.

Roll over the entire amount of my account

to _____
Print the name of the financial institution or other employer plan

IRA (G)

Employer Plan (H)

Roll over _____ percent

to _____
Print the name of the financial institution or other employer plan

IRA (G)

Employer Plan (H)

Note: Rollover options are only available if the taxable portion of your payment is \$500 or more.

Signature of Applicant _____ / ____ / ____
Date

For NJDPB Use Only - Confirmation of Receipt

WRD _____

