


**DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT &
DEFINED CONTRIBUTION BUREAU**

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

ACTS TRANSFER AUTHORIZATION TO SACT
Section A - Personal Information

Name _____ Social Security No. _____

Address _____

Telephone No. (Home) () _____ Telephone No. (Work) () _____

Pension Fund _____ Membership Number _____

Employer's Name _____

Are you still employed at this institution? Yes No
Section B - Current Carrier Information
ACTS carrier from which you will be transferring funds:

Carrier Name _____

Address _____

Telephone No. () _____

Account Name(s) and/or Number(s) _____

Section C - Amount of Transfer
Please indicate the amount that you will be transferring to SACT:
 Total amount in my account(s)OR \$ _____ (specific dollar amount)OR _____ % (specific percentage of account)
Section D - IRS Qualification
What type of fund are you transferring to SACT:
 IRA 403(b)(7) 401(k) 403(b) 401(a) 414(h) Other (please describe) _____*Note: If you do not know the type of fund, please contact your current carrier for this information.*
Section E - Authorization

I hereby authorize the carrier named in Section B to transfer the amount stated in Section C to my account with the SACT. I authorize the former carrier to provide to SACT any information that may be needed in conjunction with this transfer.

Your Signature _____ Date _____

**INSTRUCTIONS FOR COMPLETING THE
ACTS TRANSFER AUTHORIZATION TO SACT**

Participant —

If you have not already done so, complete an Enrollment Request and Salary Reduction Agreement to enroll in the SACT. After your account with the SACT has been established, complete the *ACTS Transfer Authorization to SACT* and return it to:

**Supplemental Annuity Collective Trust of NJ
Division of Pensions & Benefits
P.O. Box 295
Trenton, NJ 08625-0295**

It is your responsibility to contact your ACTS carrier for any additional procedures to activate the transfer of funds to the SACT.

Former Carrier —

Make the transfer check payable to:

**Supplemental Annuity Collective Trust of NJ
FBO participant name, participant Social Security Number**

Forward the transfer check to:

**Supplemental Annuity Collective Trust of NJ
Division of Pensions & Benefits
P.O. Box 295
Trenton, NJ 08625-0295**

The check may be returned with this form or separately to this address.

If you have any questions, please contact the Trust's office at (609) 633-2031.