

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 — MEMBER INFORMATION (To be completed by the member.)					
1 Name					
i. italiio	Last First			Middle	
Addre	Street	2"			
		City	State	Zip	
Social	Security Number	Date of Birth/	Gender ☐ Male ☐ Fe	male	
Memb	embership Number Phone Number				
2. I am a	am a member of PERS PRS PFRS Other				
3. I reque	. I request a New SACT Enrollment Transfer of Existing SACT Account				
□ F	Regular Deductions p	ercent; or			
☐ Tax-Sheltered Reductions percent (For members employed by a public educational institution only.)					
Note: Rates must be whole percentages. Minimum rate is one percent. Maximum rate is IRS 403(b) contribution limit (changes yearly).					
PART 2 — DESIGNATION OF BENEFICIARY (To be completed by the member.)					
4. Primary Beneficiary – Receives payment of any and all amounts due upon death.					
Name	Last	First		Middle	
		r-irst		Middle	
Addre	Street	City	State	Zip	
Social	Security Number E	Date of Birth/ Gend	ler □ Male □ Female	e □ Non-binary	
5. Contingent Beneficiary – Receives payments due if primary beneficiary is deceased.					
Name	Name				
	Last	First		Middle	
Addre	Street	City	State	Zip	
Social	Security Number	·		, nale □ Non-hinary	
Note: Changes of beneficiary forms filed with the regular retirement system do not automatically change the beneficiary on file with the SACT. Bene-					
fits will be paid in a lump sum. If the beneficiary is a natural person, he/she may elect to recieve the benefits as an annuity under one of the available					
options.					
6	Print Member's Name	Olaus atuus			
				Date	
PART 3 — EMPLOYER CERTIFICATION (To be completed by the employer.) 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 \$					
	,				
7					
	Print Certifiying Officer's Name	Certifying Officer Signature		Date	
	Employer Name	Payroll Number	Locatio	n Code Number	
For NJDPB Use Only - Confirmation of Receipt					
				1	
E	ffective Date	Administrator's Signature		///////	