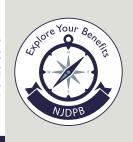
FS-0423-0518



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) DISTRIBUTION FORM

## COMPLETE THIS FORM ONLY IF YOU HAVE SELECTED AN OPTION #2 LUMP SUM SETTLEMENT.

This form is not required if you selected Annuity Option 1,3,4,5, or 6.

Name	First			
		Last		Middle Initial
Address	Street	City	State	e Zip Code
Social Secu	rity Number	Date of Birth		
Phone Number		_ Retirement Syste	m Number	
Retirement [	Date /			
	<del></del>			
	esignate your payment choice for each of y	our SACT types. Ma	ke one selection for each	h of your SACT accounts.
A. SAC	Γ REGULAR (check one)			
	DIRECTLY TRANSFER perce with any remaining balance paid to me. Plea:	ent or \$se complete PART 2	(\$500 minimum) of the	e amount qualified for rollover
or	, , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	PAY DIRECTLY TO ME the amount qualified stub will provide detailed information for incocontributions).			
B. SAC	TTAX SHELTER (check one)			
	DIRECTLY TRANSFER perce	ent or \$	(\$500 minimum) of the	e amount qualified for rollover
	Please complete PART 2 of this form if yo	u select this option.		
or				
	PAY DIRECTLY TO ME the amount qualified stub will provide detailed information for incomparison for incompar		tand 20 percent federal ta	x will be withheld (the check
C. SAC	<b>T QVEC</b> (Direct transfers not permitted)			
	Withhold federal tax per IRS schedule $\qed$	Do not withhold tax		
PART 2 – C	omplete this section only if you have selec	cted a direct transfer	option above.	
	Direct my transfer to my established (check of	one)		
	Traditional IRA ☐ Roth IRA			
	Employer plan ☐ 401K ☐ 401a ☐ 4	403b □ 457b		
Name of Pla	n			
Mailing Addr	ress			
Ü	Street	City	State	e Zip Code
PART 3 – I I directed abo	nereby authorize the SACT section of the Nove.	lew Jersey Division	of Pensions & Benefits	to distribute my funds as
				1 1
	Signature			/