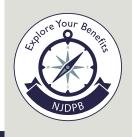
RM-0487-0422



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — RETIREMENTS/QUALITY CONTROL

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

WAIVER OR RESTORATION OF PENSION ALLOWANCE

To: The New Jersey Division of Pensions & Benefits (NJDPB),			System		
Che	eck one box only		redirentent	oyo.om	
	I hereby apply for a WAIVER of all or I acknowledge my total monthly allow \$ (enter the date ar tions.) I request and authorize the NJ effective with the next available pens portion waived is applied) is the amount stand that the amounts waived cannot be standard to the standard total and the standard total applied.	vance taken from my check nd total allowance on your la IDPB to reduce my gross mo ion payment. I understand to unt used to determine Medic	stub dated ast <i>Statement of A</i> conthly allowance that the gross mo caid eligibility. As	Allowances and to \$nthly pension (but set forth below	to be I Deduc- Defore the I, I under-
	I hereby apply to MODIFY a previous acknowledge my total monthly allows \$ (enter the date ar tions). I request and authorize the NJ effective with the next available pens	ance taken from my check s nd total allowance on your la IDPB to modify my gross mo	tub dated st <i>Statement of i</i>	_// Allowances and	to be I Deduc-
	I hereby apply to RESTORE the full g	gross monthly retirement or	pension allowand	e regularly due	me.
ano mor	cept the reduced amount listed above ther copy of this form or my written re on the thick that the contract of	equest, and acknowledged vill not continue as an obliga	by the retiremention of the retiren	t system. I agre	ee that the
	cept any restored amount as my full pe form and acknowledged by the retirer		nal change is effe	ected with anoth	er copy of
with the	serve the right to cancel or modify this the retirement system. I understand retirement system before the fifth of the changes will be effective only on the	that waiver/restoration reque month prior to the effective	ests or cancellat	ions must be re	eceived by
	Print Full Name		Retirement Number		
	Street Address	City	State	Zip Cod	e /
Signature				,	