



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

APPLICATION FOR SETTLEMENT WITH BENEFICIARY

PART 1 — MEMBER INFORMATION

Member Name _____
Last First Middle

Retirement System _____ Membership Number _____

Date of Death ____/____/____

PART 2 — BENEFICIARY INFORMATION

Your Name _____
Last First Middle

Your Address _____
Street City State Zip Code

Phone Number _____

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

Your Social Security Number or Federal Identification Number _____

I hereby apply for the benefit checked below from the Supplemental Annuity Collective Trust of New Jersey:

- Variable Life Annuity (No beneficiary) A Lump-Sum settlement

A VARIABLE ANNUITY FOR

- Five years certain and life thereafter Equal benefits to me and my beneficiary
 Ten years certain and life thereafter My beneficiary to receive 50 percent of my benefits

I designate the following beneficiary for any benefits due after my death if he or she survives me, otherwise to the executor if administrator of my estate.

Beneficiary Name _____
Last First Middle

Beneficiary Address _____
Street City State Zip Code

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

Social Security Number _____ Relation to Me _____

Applicant Signature Date

For NJDPB Use Only - Confirmation of Receipt

Administrator's Signature Date

Withdrawal / Retired / Death Number Validation Date