



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

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

**SPOUSE ROLLOVER ELECTION FORM
FOR DISTRIBUTION FROM THE PENSION FUND**

This form must be completed and submitted to the New Jersey Division of Pensions & Benefits (NJDPB) before your payment can be processed.

PART 1 — To be completed by the beneficiary.

- 1. Your Name _____
Last First MI
- 2. Mailing Address _____
Street City State Zip Code
- 3. Your Social Security Number _____
- 4. Phone Number _____
- 5. Deceased's Membership Number _____
- 6. Date of Birth ____/____/____

PART 2 — Choose your preferred method of payment and check only one of the boxes below.

IMPORTANT: YOUR SELECTION IS IRREVOCABLE

For further information regarding your tax liability, please see the *Tax Information for Pension Distributions Fact Sheet*. To obtain this publication, visit our website: www.nj.gov/treasury/pensions or contact the NJDPB's Office of Client Services at (609) 292-7524.

Check one:

- Payment to me and withhold 20 percent federal income tax on the taxable portion of my payment.
- Roll over the entire payment including any non-taxable portion to:
 - an IRA an Inherited IRA an Eligible Employer Plan a Roth IRA
- A partial roll over of \$ _____ (dollar amount) of my payment with the remaining amount paid to me (after withholding 20 percent federal income tax on the taxable portion) to:
 - an IRA an Inherited IRA an Eligible Employer Plan a Roth IRA

If you have elected a rollover option, please name the financial institution to receive the rollover check:

Note: The rollover payment will include an allocable portion of any after-tax contributions.

By signing this *Spouse Rollover Election Form*, I certify that I have read the *Tax Information for Pension Distributions Fact Sheet*, and fully understand the tax options available to me including the option to roll over my benefit to an IRA or eligible Employer Plan. I further certify that if I have elected a rollover option, the receiving IRA or eligible Employer Plan is eligible to receive my rollover from this qualified plan and will accept any after-tax contributions included in my rollover.

Your Signature

_____/_____/_____
Date

See page 2 for instructions

SPOUSE ROLLOVER ELECTION FORM INSTRUCTIONS

IMPORTANT

If you have difficulty completing this form, please call the NJDPB's Office of Client Services at (609) 292-7524 for assistance.

Note: The NJDPB cannot give tax advice.

PART 1 — Complete all of the items in Part 1. Please print your name, address, Social Security number, and phone number. See cover letter for the deceased member's membership number (item 5).

PART 2 — Select a payment option by completing Part 2. To elect a direct rollover, you must provide the name of the IRA sponsor (usually a financial institution) that will accept your rollover. The IRA must be a new account established specifically to accept your payment. You cannot roll over your payment to an existing IRA.

Selection 1 – If you choose this selection, the NJDPB will mail your benefit check payable to you to the address listed in Part 1. Twenty percent of the taxable portion of your payment will be withheld as federal income tax.

Selection 2 – If you choose this selection, there will be a direct rollover of the entire taxable and non-taxable portion of your payment. You must name the financial institution that will accept your rollover. The NJDPB will mail a check to you representing the entire payment which will be made payable to the financial institution you selected to accept your rollover.

Selection 3 – If you choose this selection, there will be a direct rollover of part of your payment. Indicate the dollar amount of the portion that you wish to roll over and the name of the financial institution that will accept your rollover. Any remaining portion of your taxable amount will be paid to you in a separate check, less 20 percent for federal tax, along with any non-taxable amount. If your total payment includes a return of after-tax contributions, both the direct rollover and the payment to you will include a portion of after-tax contributions.

Mail your completed form to: **New Jersey Division of Pensions & Benefits**
 Beneficiary Services
 P.O. Box 295
 Trenton, NJ 08625-0295