



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 – DESIGNATION OF BENEFICIARY**

This form supersedes all prior Designations Of Beneficiaries for the Supplemental Annuity Collective Trust Of New Jersey.

**Note:** Change of Beneficiary forms filed with the regular retirement system do not change the beneficiary on file with the Supplemental Annuity Collective Trust.

**PART 1 — MEMBER INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ SACT Number \_\_\_\_\_

**PART 2 — BENEFICIARY DESIGNATION** — This designation is to receive any and all amounts due or to become due upon my death. If multiple beneficiaries are named, “share and share alike” will apply unless specific percentages are requested. The benefit will be paid in a lump sum settlement. However, if the beneficiary is a natural person, he or she may elect to receive the benefit as an annuity under one of the available options.

**Note:** Beneficiaries who do not have a Social Security Number will be contacted by the NJDPB instructing them to complete and return a Federal *Form W-8BEN*. Upon receipt of the completed form, any death benefit will be payable to your beneficiary minus 30 percent federal income tax. No payment will be issued until a properly completed *Form W-8BEN* is received.

**Primary Beneficiary(ies)** - Will receive this benefit upon your death.

	Beneficiary Name	Relationship	Social Security Number	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

**Contingent Beneficiary(ies)** - Will receive this benefit if all primary beneficiaries listed above predecease you.

	Beneficiary Name	Relationship	Social Security Number	Birth Date
1.	_____	_____	_____	____/____/____
	Address _____			
2.	_____	_____	_____	____/____/____
	Address _____			
3.	_____	_____	_____	____/____/____
	Address _____			

**Member’s Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**For NJDPB Use Only - Confirmation of Receipt**

\_\_\_\_\_  
*Administrator’s Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date