

NEW JERSEY DEFINED CONTRIBUTION RETIREMENT PROGRAM

**ENROLLMENT APPLICATION
FOR ELECTED OR APPOINTED OFFICIALS**

(Please follow the instructions on page 2 of this form)

DO NOT WRITE IN THIS BOX LOCATION NO. IDENTIFICATION NO.

APPLICANT INFORMATION: *(Please Print or Type)*

- 1. Name: _____
First (no nicknames) Middle Last
- 2. Social Security Number: _____
- 3. Date of Birth: ____/____/____
Month Day Year
- 4. Gender: Male Female
- 5. Daytime Phone: (____) _____ — _____
- 6. Address: _____
Street City State Zip Code
- 7. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?
 Yes No *(If "Yes", please provide retirement system name)* _____

EMPLOYER INFORMATION *(Please Print or Type):*

- 8. Employer Name: _____
- 9. County: _____
- 10. PERS or TPAF Location #: _____ Payroll #: _____
State Loc Only
- 11. Date Elected or Appointed Service commenced: ____/____/____
Month Day Year
- 12. Current Annual Base Salary \$ _____
- 13. Title/Position of Applicant: _____
- 14. Is the applicant an Elected Official? Yes No
- 15. Is the applicant appointed by Special Resolution or Ordinance or by the Governor of New Jersey, as described in N.J.S.A. 43:15C-2? Yes No

EMPLOYER CERTIFICATION

- 16. Phone Number: (____) _____ — _____ Ext.: _____
- 17. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. *(Two Signatures Required)*

Signature of Certifying Officer Title Date

Signature of Certifying Officer's Supervisor Title Date

NOTE: SEE INSTRUCTIONS FOR BENEFICIARY DESIGNATION INFORMATION

ENROLLMENT APPLICATION INSTRUCTIONS

FOR ELECTED OR APPOINTED OFFICIALS

(This application to be completed by the enrolling employer)

APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (first, middle initial, and last name).
2. **Social Security Number** — Enter applicant's Social Security number.
3. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement - if available, attach a photocopy of the applicant's proof of age to this application. **Do not delay submitting the *Enrollment Application* if proof of age is not available.** (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)
4. **Gender** — Indicate applicant's gender.
5. **Daytime Phone Number** — Enter applicant's daytime phone number and extension (be sure to include the area code).
6. **Address** — Enter applicant's current mailing address.
7. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

EMPLOYER INFORMATION

8. **Employer Name** — Enter the full employer name.
9. **County** — Enter county in which the employer is located.
10. **Location and Payroll Numbers** — Enter the appropriate location or payroll number, as applicable.
11. **Date Elected or Appointed Service Commenced** — Enter the date on which applicant began service in the elected or appointed position.
12. **Current Annual Base Salary** — Enter the annual base salary for the year, that is, the annual salary paid to the elected or appointed official on the date the *Enrollment Application* is certified by the employer. Base salary is the contractual salary of the official. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.
13. **Title/Position of Applicant** — Enter official title/position of applicant.
14. **Elected Official** — Indicate if the applicant is an Elected Official of the State of New Jersey or of a political subdivision thereof.
15. **Appointed Position** — Indicate if the applicant is appointed by Special Resolution or Ordinance or by the Governor of New Jersey, as described in N.J.S.A. 43:15C-2.

EMPLOYER CERTIFICATION

16. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
17. **Signature** — The Certifying Officer and the Certifying Officer's Supervisor **must sign and date this application**. Unsigned applications will be returned.

BENEFICIARY DESIGNATION

The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members who wish to name a specific beneficiary should submit a *Designation of Beneficiary* using the Member Benefits Online System (MBOS) — go to www.state.nj.us/treasury/pensions/mbosregister.shtml for details; or submit a *Designation of Beneficiary* form to the Division of Pensions and Benefits.