

105 Stockington Road
Woodstown, NJ 08098
June 21, 2000

State of New Jersey - Department of the Treasury
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

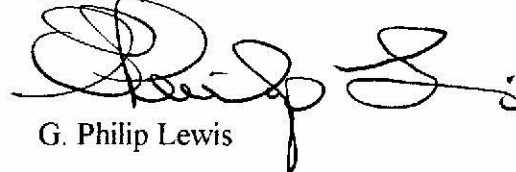
Re: G. Philip Lewis, PERS Member # [REDACTED]

Dear Sirs;

Enclosed please find my Application for Retirement Allowance (pending purchase of service) and my Application to Purchase Service Credit (pending retirement.) I am also enclosing a copy of my letter to Ms. Joanne H. Bell, Chief Financial Office for the County of Salem for your information and files.

If there is any further information you require, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Philip Lewis". The signature is stylized with large loops and a long horizontal stroke at the end.

G. Philip Lewis

encs.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

APPLICATION FOR RETIREMENT ALLOWANCE

**PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.
PLEASE DETACH BEFORE MAILING THE APPLICATION.**

PENSION FUND **PERS** **TPAF** **MEMBERSHIP NO.** [REDACTED]

PART ONE: (Please print - black ink preferred - or type.)

1. Name (Last, First, Middle) LEWIS, G. PHILIP

2. Address (Street, City, State, Zip) 105 STOCKINGTON RD
WOODSTOWN, NJ 08098

3. Name of Employer COUNTY OF SALAM

4. Social Security No. [REDACTED] 5. Date of Birth (Month, Day, Year) [REDACTED]

6. Home Phone (856) 769-1064 7. Work Phone (856) 769-1064

8. Were your last three years of service also the years during which you earned the highest salaries? Yes No

If no, list the three fiscal years in which you earned the highest salaries: _____

9. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?

Lump Sum Withhold Retirement Checks

Continue Payments Into Retirement - (refer to Instructions, Item #9, and attach completed application on page 13).

10. Retirement is to be effective the first day of (Month, Year) JULY, 2000

11. Type of Retirement Allowance desired (refer to pages 3 and 4): Service Early Veteran Deferred

12. Indicate your choice of payment (refer to page 5):

Maximum allowance Option 1 Option 2 Option 3

Option 4 — If Option 4 is chosen, state the monthly amount your beneficiary will receive: \$ _____

13. Spouse's Name (Last, First, Middle) LEWIS, LUCINDA R.

14. Spouse's Social Security No. [REDACTED]

15. Spouse's Address - If Different From Yours (Street, City, State, Zip) _____

16. RETIREMENT ALLOWANCE BENEFICIARY - See Instructions - Options 2 and 3 may list only ONE primary beneficiary.

PRIMARY BENEFICIARY

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. <u>LUCINDA R. LEWIS</u>	<u>WIFE</u>	[REDACTED]	[REDACTED]

ADDRESS 105 STOCKINGTON RD, WOODSTOWN, NJ 08098

2. _____

ADDRESS _____

CONTINGENT BENEFICIARY

1. _____

ADDRESS _____

2. _____

ADDRESS _____

PART TWO: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part One. **This designation becomes effective at retirement.**

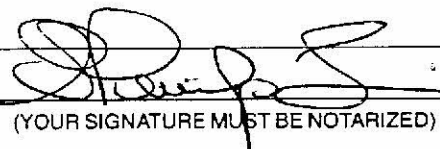
PRIMARY BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	LUCINDA R. LEWIS	WIFE	[REDACTED]	[REDACTED]
	ADDRESS 105 STOCKINGTON RD. WOODSTOWN, NJ 08098			
2.				
	ADDRESS			
3.				
	ADDRESS			
4.				
	ADDRESS			

CONTINGENT BENEFICIARY(IES) — If no Primary Beneficiary is living at my death, payment is to be made to:

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	ALFRED R. BARBER, JR	STEPSON	[REDACTED]	
	ADDRESS [REDACTED]			
2.	HEATHER L. ADAMS	STEPDAUGHTER	[REDACTED]	
	ADDRESS [REDACTED]			
3.				
	ADDRESS			
4.				
	ADDRESS			

SIGNATURE OF APPLICANT


(YOUR SIGNATURE MUST BE NOTARIZED)

State of New Jersey

County of Salem

Sworn and subscribed before me this 20th day of June, 2000

Signature of Notary or Commissioner of Deeds Lucinda R. Lewis
Lucinda R. Lewis

My Commission expires April, 23, 2003

Official Title Notary Public of New Jersey

*** PENDING RETIREMENT ***

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

APPLICATION TO PURCHASE SERVICE CREDIT

Please refer to the instructions to complete the application.

1. I am a member of: (check one only)
- Public Employees' Retirement System (PERS)
 - Teachers' Pension and Annuity Fund (TPAF)
 - Police and Firemen's Retirement System (PFRS)

2. Name: G PHILIP LEWIS

First Middle Initial Last Maiden name (If applicable)

3. Mailing Address: 105 STOCKINGTON RD. WOODSTOWN NJ 08098

Street Address City State Zip Code

4. Soc. Sec. #: [REDACTED] 5. Membership #: (if available) [REDACTED]

6. Current Employer: COUNTY OF SALEM 7. Daytime Phone #: (856) 769-1064

Area Code

8. If you are planning to retire within the next six months, what is your tentative retirement date? JUNE 30, 2000

9. Employment Information (use the following list of codes in the first column):

CODE	PURCHASE TYPES	CODE	PURCHASE TYPES
TEM	Temporary / Substitute Service	LOC	Local Retirement System Service
L/A	Leave of Absence	O/S	Out-of-State Service
FM	Former Membership	FED	U.S. Government Service
UNS	Uncredited Service	MIL	Military Service (Please attach Form DD-214)

DETACH HERE BEFORE MAILING

CODE	EMPLOYER NAME AND ADDRESS	TITLE	FROM	TO
TEM	COUNTY OF SALEM 92 MARKET ST. SALEM, NJ 08079	VARIOUS	12/23/74	3/31/93
MIL	UNITED STATES NAVY	E-5 RADARMAN	3/67	11/70

10. If you were a member of a pension fund outside New Jersey during the employment listed above, please complete the following.

Name of Pension Fund _____

Street Address _____ City _____ State _____ Zip Code _____

11. Did you forward the Employment Verification Form to the employer(s) listed above? Yes No

Please return the completed Application to Purchase Service Credit to the above address, Attention: Purchase Section.

[Signature] JUNE 20, 2000

Signature of Member Date