



State of New Jersey
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
(609) 292-7524 TDD (609) 292-7718
www.state.nj.us/treasury/pensions

March 7, 2001

CHRISTINE TODD WHITMAN
Governor

Mailing Address:
PO Box 295
Trenton, NJ 08625-0295
Location:
50 West State Street
Trenton, New Jersey

ROLAND M. MACHOLD
State Treasurer

THOMAS P. BRYAN
Director

G. Philip Lewis
105 Stocking Road
Woodstown, NJ 08098

Re: PERS [REDACTED]

Dear Mr. Lewis:

This is in reference to the application for retirement benefits you filed under the Public Employees' Retirement System to become effective July 2000.

The Purchase Section has informed you that your purchase request has been denied; therefore you are ineligible for retirement benefits at this time.

If you wish to withdrawal your contributions, please complete the enclosed application and forward it to the Division of Pensions and Benefits.

Should you have any questions, please feel free to contact our Client Services Department at (609) 292-7524.

Sincerely,

Debbie Lane
Pension Benefits Specialist I
Bureau of Retirements

State of New Jersey — Department of the Treasury

Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524

APPLICATION FOR WITHDRAWAL

Please read instructions prior to completing the application

PART ONE: To be completed by the member. Please print.

1. Name: First MI Last

2. Mailing Address: Street City State Zip Code

3. Daytime Telephone #: () Area Code

4. Date of Birth: MM DD YYYY

9. Please indicate the reason and date you terminated employment [] resigned [] dismissed Date: MM DD YYYY

10. Members having 10 or more years of membership credit or within 2 years of retirement age must waive any monthly retirement benefits by completing the waiver below. This item must be completed before your application can be processed. If you do not complete the waiver, you will receive an estimate of the retirement and group life insurance benefits for which you would be eligible.

[] Although I am eligible for retirement, I elect to withdraw my pension contributions and hereby waive my right to receive a monthly allowance and group life insurance at retirement in favor of receiving a refund of my pension contributions now. Any member who is at least age 60 (for PERS and TPAF) or at least age 55 (for PFRS) will automatically receive an estimate of retirement benefits.

11. The taxable portion of your payment may be paid directly to you less 20% of the taxable amount withheld for federal income tax or it may be rolled over to an IRA or other employer's defined contribution plan. Call the Automated Information System at (609) 777-1777 to hear your approximate taxable amount and other information concerning withdrawal. Please indicate your choice by checking one of the boxes below (this selection is irrevocable once made). Follow the instructions for the completion of the remainder of the form. If Item 11 is not complete or is completed incorrectly, the Division of Pensions and Benefits will automatically withhold 20% federal income tax.

[] Withhold 20% federal income tax on the taxable portion of my payment.

[] Roll over the entire taxable portion of my payment to (print the name of the financial institution or other employer plan)

[] Roll over (insert dollar amt.) of the taxable portion of my payment to (print the name of the financial institution or other employer plan)

This option is only available if the taxable portion of your payment is \$500 or more.

- [] IRA (G)
[] Employer Plan (H)
[] IRA (G)
[] Employer Plan (H)

Member's Signature: Date:

State of

County of ss

Sworn and subscribed before me this day of , 19

Signature of Notary or Commissioner of Deeds

Official Title

If you have an official seal, affix it.

PART TWO: To be completed by the former employer. Your certification will be used to calculate the payment due to the member. Do not complete this form until the last deduction from salary has been made.

NOTE: *If this employee is a participant in the Supplemental Annuity Collective Trust (SACT) or New Jersey State Employees Deferred Compensation Plan, and is withdrawing all accumulated salary deductions in the retirement system, a separate application to withdraw from these plans must be filed and submitted to the Division of Pensions and Benefits.*

I certify that _____
name of former employee

- resigned
- was dismissed (no appeal pending)
- was dismissed (appeal pending)

from this department on _____
date. The last salary deduction was made _____
biweekly pay period/year OR month/year*

The employee _____
is or is not receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a

result of service performed in public employment and _____
does or does not have a claim or litigation pending on this Workers' Compensation.

* *State biweekly and state monthly employers must enter the number of the pay period and the year of the last deduction. All other employers must enter the month and year of the last salary deduction and be sure to submit that deduction for the entire month.*

**CERTIFICATION OF SALARY DEDUCTIONS
 ONLY TO BE COMPLETED FOR ANY UNPOSTED PENSION CONTRIBUTIONS**

I certify that the following deductions have been made from the employee's salary during the last two quarterly periods ending with the current quarter. State biweekly reporting agencies must attach a completed Supplemental Biweekly Certification of Employing Agency or a screen print of the Centralized Payroll History screen in lieu of this item.

Quarter Ending	Base Salary Subject to Contrib. this Qtr.	Full Rate (%)	Pension Contribution	Loan Repayment	Back Deductions	Arrears and/or Purchases	Total Pension Contributions	SACT Yes or No
	\$		\$	\$	\$	\$	\$	
	\$		\$	\$	\$	\$	\$	

Signature of Certifying Officer _____

Date _____

Employing Agency _____

Telephone Number _____
(Area Code)