

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

Mailing Address:
Beneficiary Services
PO Box 295
Trenton, NJ 08625-0295

RETIRED BENEFICIARY VERIFICATION FORM

Instructions: Please complete this form and return to the Beneficiary Services Section at the address shown above.

MEMBER INFORMATION:

Name: _____ SS #: _____

Pension Membership #: _____ County: _____

Address: _____

BENEFICIARY INFORMATION:

Name: _____ Your Date of Birth: _____

Address: _____ Daytime

Phone Number: _____

Relationship to member (check one):

_____ Spouse or Civil Union Partner

_____ Former Spouse or Civil Union Partner

_____ Other

Was member ever Divorced Yes No

(If Yes you must submit copies of the Divorce Decree(s) with Property Settlement(s) and/or QDRO)

By signing below I attest the above statements are true.

Signature

Your Social Security Number or
Taxpayer Identification Number

Date