

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
Beneficiary Services
PO Box 295
Trenton, New Jersey 08625-0295

BENEFICIARY VERIFICATION FORM

Instructions: Please complete or correct this form. Sign it and return it to the Beneficiary Services Section for processing.

MEMBER INFORMATION:

Name: _____

SS #: _____

Member #: _____

Residence of Deceased (State): _____

BENEFICIARY INFORMATION:

Name: _____

SS#: _____

Address: _____

Date of Birth: _____

Phone #: _____

I certify that I am the beneficiary listed above and that the information is accurate as provided (or as corrected).

Beneficiary Signature