

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

Defined Contribution Retirement Program (DCRP)

**APPLICATION FOR TRANSFER / REHIRE**  
**(INTRA-FUND)**

***This application must be completed by all Defined Contribution Retirement Program participants who are transferring employers and continuing their DCRP participation.***

**PART I: To be completed by the employee.** (Please Print)

I, \_\_\_\_\_, DCRP Membership No.: \_\_\_\_\_  
*(Assigned by Division of Pensions and Benefits)*

resigned my position as \_\_\_\_\_ at \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. I hereby notify the Division of Pensions and

Benefits that I have accepted employment at \_\_\_\_\_ and request that

the Division continue my participation in the Defined Contribution Retirement Program with this new employer.

**IMPORTANT: Any change you wish to make to beneficiaries or to payroll deductions must be made on the appropriate change forms which may be obtained from your benefits officer. If you had a Salary-Reduction Agreement with your former employer and wish to continue the reduction, you must sign a new agreement with your new employer.**

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**PART II: To be completed by the new employer.**

1. Employee's Title: \_\_\_\_\_

2. Appointment Date: \_\_\_\_\_

3. Full-Time Employee:  Yes  No

4. Employed:  Ten-Months  Twelve-Months

5. Social Security No.: \_\_\_\_\_

6. Annual Base Salary: \$ \_\_\_\_\_

7. Location or Payroll No.: \_\_\_\_\_

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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*

\_\_\_\_\_  
*Employer Name*

\_\_\_\_\_  
*Date*