

State of New Jersey
Department of the Treasury — Division of Pensions and Benefits
Supplemental Annuity Collective Trust

CLAIM FOR PAYMENT OF SUPPLEMENTAL ANNUITY

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW:

(Please print or type.)

1. Name: _____
(Deceased Member) (Social Security No.)

2. Address at Time of Death: _____
(Street) (City) (State) (Zip Code)

3. Retirement System: _____ 4. Membership No.: _____

5. Date of Birth: _____ 6. Date of Death: _____
Month / Day / Year Month / Day / Year

6. Claim for payment of Supplemental Annuity is hereby made by: *(Check one)*

A. BENEFICIARY

B. ESTATE

Indicate legal capacity for requesting payment of Supplemental annuity if other than beneficiary or legal representative of the decedent's estate.

NOTE: Please attach a copy of the applicable statement of this claim:

1. Death Certificate — no other legal documents are necessary when the Supplemental Annuity is payable to the designated beneficiary.
2. A Surrogate's Certificate or other legal documents evidencing your legal capacity to receive the Supplemental Annuity payment.

Signature of Claimant

Executor, Administrator Guardian, etc., if Applicable

Address

Claimant's Social Security No. / Federal I.D. No.

Address

Date

CLAIM FOR PAYMENT OF SUPPLEMENTAL ANNUITY — CONFIRMATION

VALIDATION DATE

ADMINISTRATOR'S SIGNATURE

DATE