

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

APPLICATION FOR SETTLEMENT WITH BENEFICIARY

(Please print or type.)

1. Beneficiary Name: _____
(Last) (First) (Middle)
2. Beneficiary of: _____
(Participant Name) (Membership No.)
3. Beneficiary Address: _____
(Street) (City) (State) (Zip Code)
4. Date of Birth: _____ 5. Sex: Male Female
Month / Day / Year
6. Social Security No.: _____ Federal I.D. No.: _____
7. Retirement System: _____ 8. Date of Death: _____
Month / Day / Year

I hereby apply for the benefit checked below from the Supplemental Annuity Collective Trust of New Jersey:

1. Variable Life Annuity (No Beneficiary)
2. A Lump-Sum Settlement

A VARIABLE ANNUITY FOR:

3. Five Years Certain and Life Thereafter
4. Ten Years Certain and Life Thereafter
5. Equal Benefits to Me and My Beneficiary
6. My Beneficiary to Receive 1/2 of My Benefits

Designation of my beneficiary for any benefits due after my death if he or she survives me, otherwise to the executor if administrator of my estate.

Name of Beneficiary: _____
(Last) (First) (Middle)

Beneficiary Address: _____
(Street) (City) (State) (Zip Code)

(Sex) (Relation To Me) (Date of Birth) (Social Security No.)

Applicant SIGNATURE (DATE)

APPLICATION FOR SETTLEMENT WITH BENEFICIARY — CONFIRMATION

ADMINISTRATOR'S SIGNATURE DATE

WITHDRAWAL / RETIRED / DEATH NO. VALIDATION DATE