

STATE OF NEW JERSEY - DIVISION OF PENSIONS AND BENEFITS AUTHORIZATION FOR DIRECT DEPOSIT OF BENEFIT PAYMENT

INSTRUCTIONS:

- A: Read the terms and conditions listed below.
- B: Enter your name, mailing address, retirement number (for retirement payment and survivor benefit), Social Security number, and home telephone number.
- C: Mark the appropriate payment and account type boxes, and print the financial institution's account number, routing number, and name and address where indicated. Be sure to double-check your account and 9-digit routing numbers before submitting this form — inaccurate information will delay processing of this application or your payment.
- D: You and all other parties to this account must sign the form.
- E: Attach a VOIDED check or deposit slip and return the completed form to the mailing address indicated.

MAIL TO:
Direct Deposit
Division of Pensions
and Benefits
PO Box 295
Trenton, NJ 08625-0295

RECIPIENT INFORMATION — Please Print Legibly

Your Name: _____ Retirement No: _____
 (For Retirement Payment and Survivor Benefit Only)

Your Address: _____ Social Security No: _____
 _____ Home Phone No: _____

TYPE OF PAYMENT: RETIREMENT PAYMENT/SURVIVOR BENEFIT

 Your Account Number

TYPE OF ACCOUNT: CHECKING SAVINGS

 Financial Institution's 9-digit Routing Number

 Name of Financial Institution

 Street of Financial Institution

 City, State, Zip of Financial Institution

 Your Signature and Date

 Signature(s) of Other Persons On Account and Date(s)

Please read the terms and conditions below and
ATTACH A VOIDED CHECK IF AUTHORIZING A CHECKING ACCOUNT
 (used to verify your financial institution's routing and account number)

TERMS AND CONDITIONS

Benefit Recipient

I authorize the New Jersey Division of Pensions and Benefits and the financial institution indicated to directly deposit my net retirement allowance or survivor benefit each month to the account specified. Direct deposit under this authorization is full satisfaction and discharge of the amount then due and payable under the retirement system or benefit program. I understand that the provisions of the statutes governing the pension funds prohibit the deposit of retirement payments to a trust fund. I understand that any retirement allowance or survivor benefit forwarded to the financial institution with a due date after my death will be refunded to the appropriate retirement system. I agree that the financial institution shall have the right of offset for such a refund.

I further understand that this agreement may be changed by me upon written notification to the Division of Pensions and Benefits. The change will be processed for the pay period following receipt of the notice by the Division. I understand that a change in the title of this account which alters the interest of any party terminates this authorization, a notification must then be submitted. I understand that it is my responsibility to inform the Division of Pensions and Benefits of address changes immediately. I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

Other Parties to the Account

As a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, for the full amount of all retirement allowances or survivor benefit payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system or benefit program. If I am entitled to any benefit from the retirement system or benefit program as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.