

State of New Jersey  
Department of the Treasury  
Division of Pensions and Benefits  
PO Box 295, Trenton, NJ 08625-0295

**CHANGE RETIREMENT APPLICATION**

These changes can only be made before the retirement is due and payable.

If you are applying for a *disability retirement*, and it has been approved by the Board of Trustees, you cannot cancel your retirement or withdraw, cancel, or amended your application.

Check one:

- Public Employees' Retirement System
- Teachers' Pension and Annuity Fund
- Police and Firemen's Retirement System
- State Police Retirement System

Membership Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Check here if this is a new address.

I previously filed an *Application for Retirement Allowance* with the Division of Pensions and Benefits.

I wish to make the following change to that application (check boxes that apply):

Change Retirement Date — I wish to change the effective date of my retirement from:

\_\_\_\_\_ to \_\_\_\_\_ (May be any first of the month after the receipt date of the original *Application for Retirement Allowance*. Your employer must complete the salary certification on the back of this form.)

Change Retirement Type — I wish to change the type of my retirement from:

\_\_\_\_\_ to \_\_\_\_\_ (to change to a disability retirement you must complete an *Application for Disability Retirement*).

Change Option Selection (PERS & TPAF only) — I wish to change my option selection from:

\_\_\_\_\_ to \_\_\_\_\_. I understand that the beneficiaries on file with the Division of Pensions and Benefits will remain in force unless I submit a *Designation of Beneficiary* form along with this application. I understand that once my retirement is due and payable, no further change in option will be permitted. My signature indicates that I understand that if I choose the Maximum Option, there are no pension benefits payable to my spouse or other beneficiary.

Cancel Retirement — I wish to cancel my retirement which was to be effective on.

\_\_\_\_\_. I will continue in employment. (Canceling your retirement does not guarantee reemployment with your employer.) I understand that this application cannot be reinstated and that I must file a new *Application for Retirement Allowance* when I apply for a future retirement date. I further understand that the beneficiaries designated on my retirement application will remain in effect until I change them by submitting a new *Designation of Beneficiary* form or a new *Application for Retirement Allowance*.

Signature

Date

## CHANGE OF RETIREMENT EMPLOYER CERTIFICATION

1. \_\_\_\_\_  
 NAME OF EMPLOYEE NAME OF EMPLOYER

\_\_\_\_\_ EMPLOYER'S PHONE NUMBER  
 SOCIAL SECURITY NUMBER

\_\_\_\_\_   
 MEMBERSHIP NUMBER

The employee named above has elected to change his/her retirement date to the date shown on the front of this form.

- **If you have already submitted** a *Certification of Service and Final Salary – Retirement* for the former date to the Division of Pensions and Benefits, please complete this form and return it to the Division.
- **If you have not already submitted** a *Certification of Service and Final Salary – Retirement*, you cannot use this form. Instead, you **must** complete a *Certification of Service and Final Salary – Retirement* in its entirety and return it with this Change Request form to the Division.

2. **Date employee's service terminated** (Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.) \_\_\_\_\_

3. **Base salary subject to pension fund contributions** paid for the last full year of service ending on the date of termination (line 2 above); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ \_\_\_\_\_**

4. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

**State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 4.**

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
\$		\$	\$		\$	\$	\$
\$		\$	\$		\$	\$	\$

Name of Certifying Officer \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer Signature \_\_\_\_\_ Date \_\_\_\_\_