

ENROLLMENT APPLICATION

DO NOT WRITE IN THIS BOX LOCATION NO. MEMBERSHIP NO.

APPLICANT INFORMATION: (Please Print or Type and follow the instructions on page 2 of this form)

Select Pension Fund: (Check one) [] Teachers' Pension and Annuity Fund [] Public Employees' Retirement System

1. Name: Last First (no nicknames) Middle Maiden Surname and Surname Used During Previous Membership

2. Address: Street City State Zip Code

3. Social Security #: 4. Gender: [] Male [] Female

5. Date of Birth: / / 6. Daytime Phone: () -

7. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time? [] Yes [] No (If "Yes", please provide retirement system name)

EMPLOYER INFORMATION (Please Print or Type):

8. Employer Name: 9. Title/Position of Applicant:

10. County: 11. Location #: Bureau #: Payroll #: If Applicable State - Loc. - Only

12. Is the applicant currently employed by more than one public employer? [] Yes [] No (If "Yes", please provide name of employer(s))

TO BE COMPLETED FOR TPAF APPLICATIONS ONLY

13 (a.) Date Employment Began: / / (Do not include temporary, substitute, or part-time service)

13 (b.) Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? [] Yes [] No

13 (c.) Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education? [] Yes [] No

13 (d.) For NJ Department of Education Only: Is the position Unclassified Professional? [] Yes [] No

TO BE COMPLETED FOR PERS APPLICATIONS ONLY

14 (a.) Date Employment Began: / / 14 (b.) Date of Regular or Permanent Appointment: / /

14 (c.) Is applicant considered temporary or provisional? [] Yes [] No 15. Is applicant an elected official? [] Yes [] No

16. Is the applicant appointed by Special Resolution or Ordinance or by the Governor with Senate confirmation? [] Yes [] No

17. Has the applicant been awarded a professional services contract? [] Yes [] No

18. Current Annual Base Salary \$ 19. (Check one) [] 10-Month Position [] 12-Month Position

20. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to Ch.1, P.L. 2010? [] Yes [] No

EMPLOYER CERTIFICATION

21. Name of Employer Representative Completing Application:

22. Phone Number: () - Ext.:

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. 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)

23. Signature of Certifying Officer Print Name of Certifying Officer DATE: / / Month Day Year

24. Signature of Certifying Officer's Supervisor Print Name of Certifying Officer's Supervisor DATE: / / Month Day Year

NOTE: IF THIS APPLICATION IS NOT SUBMITTED ON A TIMELY BASIS, A LATE EMPLOYER LIABILITY MAY BE ASSESSED.