

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS  
REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM

See reverse side for instructions on completing this form.

INDICATE TYPE OF ACTION:

REPORT OF TRANSFER or  MULTIPLE ENROLLMENT (PERS and TPAF Only)

INDICATE RETIREMENT SYSTEM:

Public Employees' Retirement System (PERS)  Teachers' Pension and Annuity System (TPAF)  
 Police and Firemen's Retirement System (PFRS)

THIS SECTION TO BE COMPLETED BY THE MEMBER:

Social Security Number: \_\_\_\_\_ Pension Membership Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State ZIP Code

Daytime Telephone: \_\_\_\_\_  
Area Code

THIS SECTION TO BE COMPLETED BY NEW EMPLOYER:

Name of Former Employer: \_\_\_\_\_

Date of Last Pension Deduction Reported by Former Employer: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
Month/Year or Pay Period/Year Month / Day / Year

Name of New Employer: \_\_\_\_\_

New Employer Location/Payroll Number: \_\_\_\_\_ Is New Employer a Board of Education?  Yes  No

Title of New Position: \_\_\_\_\_ Date Current Employment Began: \_\_\_\_\_  
Month Day Year

**To be completed for TPAF applications only**  
Date Employment Began: \_\_\_\_\_ (Do not include temporary or substitute service)  
Month Day Year  
Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education?  Yes  No  
Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education?  Yes  No  
For NJ Department of Education Only: Is the position Unclassified Professional?  Yes  No

Current Annual Base Salary: \$ \_\_\_\_\_ Employee is paid on:  10 month basis  12 month basis

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

Is employee currently employed by more than one public agency?  Yes  No

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)

\_\_\_\_\_  
Signature of Certifying Officer Print Name of Certifying Officer  
\_\_\_\_\_  
Month Day Year Telephone Number Area Code Extension Number

\_\_\_\_\_  
Street City County State ZIP Code

\_\_\_\_\_  
Signature of Certifying Officer's Supervisor Print Name of Certifying Officer's Supervisor  
\_\_\_\_\_  
Month Day Year Telephone Number Area Code Extension Number