

**ALTERNATE BENEFIT PROGRAM  
ELECTION OF RETIREMENT COVERAGE  
TRANSFER FROM PERS/TPAF**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Title \_\_\_\_\_

Employing Institution \_\_\_\_\_

I certify that I am now a member of:

The NJ Teachers' Pension and Annuity Fund  
and my membership number in the Fund is: # \_\_\_\_\_

The NJ Public Employees' Retirement System  
and my membership number is: # \_\_\_\_\_

**— SIGN ONE STATEMENT ONLY —**

I wish to transfer my pension contributions to the Alternate Benefit Program and waive my statutory right to remain in or transfer to the Public Employees' Retirement System. I understand that my decision is irrevocable. I wish my accumulated pension deductions and any contingent reserve funds to which I am entitled to be invested with the one investment carrier designated below:

- \_\_\_\_\_ AXA Financial (Equitable)
- \_\_\_\_\_ MassMutual Retirement Services (formerly The Hartford)
- \_\_\_\_\_ VOYA Financial Services
- \_\_\_\_\_ MetLife (formerly Travelers/CitiStreet)
- \_\_\_\_\_ Prudential
- \_\_\_\_\_ TIAA-CREF
- \_\_\_\_\_ VALIC

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**— OR —**

I wish to remain in the Public Employees' Retirement System (PERS) or transfer my pension contributions to the PERS from the Teachers' Pension and Annuity Fund and waive my statutory right to participate in the Alternate Benefit Program. I understand that my decision is irrevocable.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE