



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT &
DEFINED CONTRIBUTION BUREAU**

P.O. Box 295, Trenton, NJ 08625-0295

ACTS TRANSFER AUTHORIZATION TO SACT
PART 1 — MEMBER INFORMATION
Name _____
*First Last Middle Initial*Address _____
Street City State Zip Code

Phone Number _____ Work Phone Number _____

Social Security Number _____ Membership Number _____

Pension Fund _____ Employer's Name _____

Are you still employed at this institution? Yes No
PART 2 — CURRENT CARRIER INFORMATION
ACTS carrier from which you will be transferring funds

Carrier Name _____

Address _____
Street City State Zip Code

Phone Number _____

Account Name(s) and/or Number(s) _____

PART 3 — TRANSFER INFORMATION AND QUALIFICATION
Please indicate the amount that you will be transferring to SACT

- Total amount in my account(s); or
- \$ _____ (specific dollar amount); or
- _____ % (specific percentage of account)

What type of fund are you transferring to SACT

- IRA 403(b)(7) 401(k)
- 403(b) 401(a) 414(h)
- Other (please describe) _____

Note: If you do not know the type of fund, please contact your current carrier for this information.

PART 4 — AUTHORIZATION AND SIGNATURE

I hereby authorize the carrier named in Part 2 to transfer the amount stated in Part 3 to my account with the SACT. I authorize the former carrier to provide to SACT any information that may be needed in conjunction with this transfer.

Your Signature

 _____/_____/_____
Date

**INSTRUCTIONS FOR COMPLETING THE
ACTS TRANSFER AUTHORIZATION TO SACT**

Participant —

If you have not already done so, complete an *Enrollment Request* and *Salary Reduction Agreement* to enroll in the SACT. After your account with the SACT has been established, complete the *ACTS Transfer Authorization to SACT* and return it to:

**New Jersey Division of Pensions & Benefits
Supplemental Annuity Collective Trust of New Jersey
P.O. Box 295
Trenton, NJ 08625-0295**

It is your responsibility to contact your ACTS carrier for any additional procedures to activate the transfer of funds to the SACT.

Former Carrier —

Make the transfer check payable to:

**Supplemental Annuity Collective Trust of NJ
FBO participant name, participant Social Security Number**

Forward the transfer check to:

**New Jersey Division of Pensions & Benefits
Supplemental Annuity Collective Trust of New Jersey
P.O. Box 295
Trenton, NJ 08625-0295**

The check may be returned with this form or separately to this address.

If you have any questions, please contact the Trust's office at (609) 633-2031.