You must also complete an Enrollment Application for the pension that you are transferring to (PERS or PFRS)

ET-0343-0713

State of New Jersey

Department of the Treasury — Division of Pensions and Benefits

PO Box 295, Trenton, NJ 08625-0295

APPLICATION FOR INTERFUND TRANSFER

This application must be completed by you and your former employer. This application must be filed with a new Enrollment Application for the Retirement System to which you are transferring.

PART 1 — Check one:

- ☐ Transfer to Teachers' Pension and Annuity Fund
- ☐ Transfer to Public Employees' Retirement System
- ☐ Transfer to Police and Firemen's Retirement System
- ☐ Transfer to State Police Retirement System
- ☐ Transfer to Judicial Retirement System

1. Print Full Name _____ 2. Membership No. _____

3. Address _____
STREET CITY STATE ZIP CODE

4. Currently a member of the _____
NAME OF RETIREMENT SYSTEM

5. Resigned, Was dismissed, _____ from my position as _____
CIRCLE ONE OTHER TITLE OF POSITION

6. Date of termination (MM/DD/YYYY) _____

7. **NEW EMPLOYER**

_____
NEW EMPLOYER NAME COUNTY

8. I hereby apply for the transfer of my membership to the retirement system indicated above and authorize payment of the withdrawal value of my account to be made to that system subject to the statutes, rules and regulations of that system. **I understand that once my Application for Interfund Transfer is submitted to the Division of Pensions and Benefits, I cannot change my decision to transfer.**

Signature of Applicant _____ Date _____

PART II — CERTIFICATION OF FORMER EMPLOYING AGENCY **MUST HAVE FORMER EMPLOYER COMPLETE.**

Certifying Officer: In order to avoid delay in honoring this transfer, your certification will be used to calculate the payment due.

- ☐ resigned ☐ position abolished / laid off
- ☐ was dismissed (no appeal pending)
- ☐ was dismissed (appeal pending)

I hereby certify that _____
NAME OF MEMBER

from this department, agency, or school district on _____. The last salary deduction was made on
DATE OF SEPARATION

_____ for _____. The employee's annual base salary
DATE MONTH YEAR

prior to resignation/dismissal was $_____.

I further certify that the following deductions have been made from his/her salary during the last two quarterly periods ending with the current quarter (see QUARTERLY REPORT OF CONTRIBUTIONS). Biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salary projected until termination date.

Quarter Ending	Base Salary Subject to Contributions This Quarter	Pension Contribution	Loan Repayment	Back Deductions		Arrears and/or Purchases	Total Pension Deductions	Supplemental Annuity	
				No. Payments	Amount			% Rate	$ Amount

I certify that this employee and position met 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 DATE

_____ _____
TITLE EMPLOYING AGENCY

_____ _____ _____
COUNTY PHONE NUMBER EXTENSION

_____ _____ _____
SIGNATURE OF CERTIFYING OFFICER'S SUPERVISOR PRINT NAME OF CERTIFYING OFFICER'S SUPERVISOR DATE

_____ _____ _____
TITLE PHONE NUMBER EXTENSION