

State of New Jersey
Department of the Treasury
Division of Pensions and BenefitsPO BOX 295
Trenton, NJ 08625-0295

NEW JERSEY DEFINED CONTRIBUTION RETIREMENT PROGRAM

**ENROLLMENT APPLICATION
FOR ELECTED OR APPOINTED OFFICIALS**

(Please follow the instructions on page 2 of this form)

DO NOT WRITE IN THIS BOX LOCATION NO.

IDENTIFICATION NO.

APPLICANT INFORMATION: (Please Print or Type)1. Name: John Quincy Doe
First (no nicknames) Middle Last2. Social Security Number: 123-45-67893. Date of Birth: 01 / 01 / 0001 4. Gender: ☒ Male ☐ Female
Month Day Year5. Daytime Phone: (Daytime Phone)6. Address: 123 Main St. Apt. 1
Street
Anytown NY 12345
City State Zip Code

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)

If "yes", please provide _____

EMPLOYER INFORMATION (Please Print or Type):8. Employer Name: Employer Name9. County: County10. PERS or TPAF Location #: PERS or TPAF Payroll #: Payroll #
State Loc Only11. Date Elected or Appointed Service commenced: 01 / 01 / 0001
Month Day Year12. Current Annual Base Salary \$ Current13. Title/Position of Applicant: Title/Position of Applicant14. Is the applicant an Elected Official? ☒ Yes ☐ No15. Is the applicant appointed by Special Resolution or Ordinance
or by the Governor of New Jersey, as described in N.J.S.A. 43:15C-2? ☒ Yes ☐ No**EMPLOYER CERTIFICATION**16. Phone Number: (Phone Number) Ext.: ExtI certify that this employee and position meets the eligibility criteria for the retirement program under N.J.S.A. 43:15C-2.17. Certifying Officer: Certifying Officer John Doe Date: 01 / 01 / 0001
Print Name Signature Month Day Year**NOTE: SEE INSTRUCTIONS FOR BENEFICIARY DESIGNATION INFORMATION**

**DEFINED CONTRIBUTION
RETIREMENT PROGRAM**

**FOR MEMBER ENROLLMENT
AS OF 5/21/2010**

AS OF MAY 21, 2010, AN EMPLOYEE MUST
EARN A SALARY OF AT LEAST \$5,000 TO BE
ELIGIBLE FOR, OR CONTINUE TO
PARTICIPATE IN THE DCRP PROGRAM

IF YOU MEET THE SALARY GUIDELINES,
PLEASE COMPLETE THE ENCLOSED
ENROLLMENT APPLICATION.

Revised: 9/1/10