

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