

**ALTERNATE BENEFIT PROGRAM
ELECTION OF RETIREMENT COVERAGE**

(Please do not complete this form until you have read the reverse side.)

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:

- _____ AIG VALIC
- _____ AXA Financial (Equitable)
- _____ The Hartford
- _____ ING Life Insurance and Annuity Company
- _____ Met Life (formerly Travelers/CitiStreet)
- _____ TIAA-CREF

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

WITNESSED BY OFFICIAL OF EMPLOYING AGENCY

Signature of Official _____

Title _____

Institution _____