

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS TIER-TO-TIER TRANSFER FORM

See reverse side for instructions on completing this form.

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:

1. Social Security Number: _____ 2. Pension Membership Number: _____
3. Name: _____
Last First Middle Maiden
4. Address: _____
Street

City State Zip Code
5. Daytime Telephone: _____
Area Code Number

INACTIVE MEMBERSHIP:

6. Inactive Pension Membership Number: _____
7. I Certify that I: Resigned
 Was dismissed with no appeal pending
 Was dismissed with appeal pending
 Was laid off
CHECK ONE
 from my position as _____
Title of Position
8. Date of Termination: ____/____/____ 9. Membership Tier of inactive membership: _____
Month Day Year

ACTIVE MEMBERSHIP:

10. New Employer: _____
New Employer Name County
11. Membership Tier under current (active) membership: _____

I hereby apply for the transfer of my inactive membership to the active Membership Tier indicated above and authorize payment of the withdrawal value of my account be made to that new Membership Tier subject to the statutes, rules, and regulations of the retirement system. The transfer shall include all eligible pension service credit and corresponding pension contributions.

- I understand that once my *Tier-To-Tier Transfer Form* is submitted to the Division of Pensions and Benefits, I cannot change my decision to transfer.
- I understand that prior to submitting this form, I have the right to request a retirement estimate based on my inactive pension membership.
- By signing the *Tier-To-Tier Transfer Form*, I understand that I am irrevocably waiving all rights to any benefits provided to me under my inactive pension membership.

Signature of Applicant _____ Date _____

INSTRUCTIONS

The *Tier-To-Tier Transfer Form* is to be completed for any vested member who has an inactive pension membership account and wishes to transfer the pension service credit from their inactive vested membership to their current active pension membership in the same retirement system. The member's pension service credit will transfer as long as the member has not withdrawn from the vested account.

Notes on Question #7 regarding your inactive membership account:

- If you were dismissed from your position and are in the process of appealing that dismissal, you cannot complete the transfer until a decision has been rendered or your appeal is withdrawn.
- If your position was abolished due to a layoff or a reduction in force, your employer must notify the Division of Pensions and Benefits in writing, and your membership in the fund can remain inactive for a maximum of ten years (five years for PFRS members).
- Your membership will not end two years after your last contribution if you are granted an official leave of absence (the two-year period begins at the end of the leave of absence).
- Extensions are not automatic. You must provide the Division of Pensions and Benefits with supporting documentation from your employer that evidences layoff, the abolishment of your position, or extension of a leave of absence.

For additional information regarding "Membership Tiers" (Questions #9 and #11), please see the Division's Web site.

- TPAF and PERS members visit:
www.state.nj.us/treasury/pensions/pdf/chapt89-pers-tpaf-charts.pdf
- PFRS members visit:
www.state.nj.us/treasury/pensions/epbam/exhibits/handbook/pfrsbook.pdf

If your membership has been withdrawn, you cannot transfer any service credit from the old membership; you may, however, be eligible to purchase the prior pension service credit rendered under the former membership (see Fact Sheet #1, *Purchasing Service Credit* (PERS, TPAF & PFRS) available on the Division's Web site at: www.state.nj.us/treasury/pensions/fact-sheets.shtml)

Please forward this completed form to:

***Enrollment Section
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295***

**THE MEMBER SHOULD ENSURE THAT ALL ITEMS ARE COMPLETE
PRIOR TO SUBMISSION OF THIS FORM.**

**IF ANY ITEMS ON THIS FORM ARE INCOMPLETE OR LEFT BLANK
PROCESSING WILL BE DELAYED.**