



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM

REPORT OF TRANSFER or MULTIPLE ENROLLMENT (PERS and TPAF Only)

PART 1 — MEMBER INFORMATION

- 1. Retirement System PERS TPAF PFRS
- 2. Membership Number _____
- 3. Social Security Number _____
- 4. Name _____
Last First Middle Maiden
- 5. Address _____
Street City State Zip Code
- 6. Phone Number _____

PART 2 — EMPLOYER INFORMATION

- 7. Name of Former Employer _____
- 8. Date of Last Pension Deduction Reported by Former Employer _____
Month/Year or Pay Period/Year
- 9. Termination Date ____/____/____
- 10. Name of New Employer _____
- 11. New Employer Location/Payroll Number _____
- 12. Is New Employer a Board of Education? Yes No
- 13. Title of New Position _____
- 14. Date Current Employment Began ____/____/____

To be completed for TPAF applications only

- 15. Date Employment Began ____/____/____ (Do not include temporary or substitute service)
- 16. Does position require a New Jersey State Certificate issued by the State Board of Examiners within the N.J. Department of Education? Yes No
- 17. Does the applicant hold a certification issued by the State Board of Examiners within the N.J. Department of Education? Yes No
- 18. For N.J. Department of Education Only: Is the position Unclassified Professional? Yes No

- 19. Is the applicant a Workers' Compensation Judge? Yes No
- 20. Is the applicant appointed under the authority of a local ordinance to a statutory-based, untenured chief administrative position such as business administrator, county or municipal administrator, county or municipal manager? Yes No
- 21. Is the applicant filling a position with principal operating responsibility of a government function(s), commonly called "department heads" or similar title, that are filled by action of the governing body and who directly report to an elected official(s) or chief administrative officer? Yes No
- 22. Is the applicant working under a professional services contract? Yes No
- 23. Is the applicant a bona fide employee serving in a professional services position such as an attorney, engineer, planner, doctor, or accountant at a local government entity? Yes No
- 24. Current Annual Base Salary \$ _____
- 25. Employee is paid on: 10-month basis 12-month basis
- 26. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week? Yes No
- 27. 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.

Print Certifying Officer's Name _____
Signature _____/_____/_____
Date

Print Certifying Officer's Supervisor's Name _____
Signature _____/_____/_____
Date

Phone Number