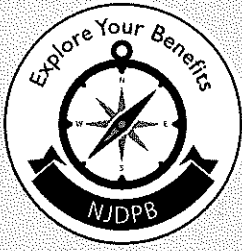


FL-0781-0321



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

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

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — ENROLLMENT APPLICATION FOR ELECTED OR APPOINTED OFFICIALS

See page 2 for instructions on completing this form.

FOR DIVISION USE ONLY: Location Number: Identification Number:

APPLICANT INFORMATION:

- 1. Name: _____
First Middle Last
- 2. Social Security Number: _____
- 3. Date of Birth: _____ / _____ / _____
Month Day Year
- 4. Gender: Male Female Non-Binary
- 5. Daytime Phone: (_____) _____ — _____
- 6. Address: _____
Street 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: _____

EMPLOYER INFORMATION:

- 8. Employer Name: _____
- 9. County: _____
- 10. PERS or TPAF Location Number: _____ Payroll Number: _____
State Locations Only
- 11. Date Elected or Appointed Service commenced: _____ / _____ / _____
Month Day Year
- 12. Current Annual Base Salary \$ _____
- 13. Title/Position of Applicant: _____
- 14. Is the applicant an Elected Official? Yes No
- 15. 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: (_____) _____ — _____ Ext: _____
- 17. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. 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.

Certifying Officer: _____
Print Name Signature Date

Certifying Officer's Supervisor: _____
Print Name Signature Date