

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits**Alternate Benefit Program**
WITHDRAWAL REQUEST ACKNOWLEDGEMENT RECEIPT

It is important that you read and understand the contents prior to making any decisions regarding elections to withdraw 401(a) contributions.

TO BE COMPLETED BY ABP MEMBER. PLEASE PRINT.

1. Name: _____ 2. Date of Birth: ____/____/____
MM DD YYYY

3. Social Security No.: _____ 4. Member No.: _____
Last 4 digits

5. ☐ Resigned ☐ Dismissed ☐ Retired Date: ____/____/____
MM DD YYYY

RETIREMENT AND CASH DISTRIBUTIONS

A member of the Alternate Benefit Program (ABP) becomes eligible to commence distributions at any age upon severance from employment or retirement. Members may receive benefits in the form of an annuity or cash distribution. Annuity benefits will be calculated by the Designated Service Provider (DSP) based upon the account accumulation, life expectancy, and the distribution option selected. Cash distributions to members under the age of 55 are limited to their employee contributions and accumulations. The remaining employer contributions and earnings are available for distribution upon attaining age 55. Participation in the Alternate Benefit Program shall terminate and the individual shall be considered retired once he or she has elected to receive a cash distribution of the value of his or her accounts in a direct payout as a cash distribution, a rollover, or an annuity (or a combination of these distributions). **The member is considered retired and is not eligible to enroll in any New Jersey State-administered retirement system, nor are they eligible to reenroll in the Alternate Benefit Program.**

I hereby acknowledge that I have been counseled regarding my election to withdraw funds from my mandatory 401(a) account.

Signature: _____
(You must sign here) Date