



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****INDICATE TYPE OF ACTION:**☐ **REPORT OF TRANSFER** or ☐ **MULTIPLE ENROLLMENT** (PERS and TPAF Only)**INDICATE RETIREMENT SYSTEM:**☐ Public Employees' Retirement System (PERS)☐ Teachers' Pension and Annuity Fund (TPAF)☐ Police and Firemen's Retirement System (PFRS)**THIS SECTION TO BE COMPLETED BY THE MEMBER:**

Social Security Number _____ Membership No. _____

Name _____
Last First Middle MaidenAddress _____
Street City State Zip Code

Daytime Telephone (____) _____

THIS SECTION TO BE COMPLETED BY NEW EMPLOYER:

Name of Former Employer _____

Date of Last Pension Deduction Reported by Former Employer _____ Termination Date ____/____/____
Month/Year or Pay Period/Year Month Day Year

Name of New Employer _____

New Employer Location/Payroll Number _____ Is New Employer a Board of Education? ☐ Yes ☐ NoTitle of New Position _____ Date Current Employment Began ____/____/____
Month Day Year**To be completed for TPAF applications only**Date Employment Began ____/____/____ (Do not include temporary or substitute service)
Month Day YearDoes position require a New Jersey State Certificate issued by the State Board of Examiners within the N.J. Department of Education? ☐ Yes ☐ NoDoes the applicant hold a certification issued by the State Board of Examiners within the N.J. Department of Education? ☐ Yes ☐ NoFor N.J. Department of Education Only: Is the position Unclassified Professional? ☐ Yes ☐ NoCurrent Annual Base Salary \$ _____ Employee is paid on: ☐ 10-month basis ☐ 12-month basisAre the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to P.L. 2010, c. 1 (Chapter 1)? ☐ Yes ☐ NoIs 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.

Signature of Certifying Officer_____
Print Name of Certifying Officer_____
Month Day YearTelephone (____) _____
Area Code ExtensionAddress _____
Street City State Zip Code_____
Signature of Certifying Officer's Supervisor_____
Print Name of Certifying Officer's Supervisor_____
Month Day YearTelephone (____) _____
Area Code Extension