

**Affidavit of Pension Form**

Please complete and return this form with your signed contract. If you are an Adjunct Faculty member, this form must be completed and returned each semester.

Date:

Employee Name:  Department:

Social Security Number:

Please check the appropriate box:

- ☐ Adjunct Faculty      ☐ Full Time Faculty      ☐ Staff      ☐ Grant Employee
- ☐ Fall Semester
- ☐ Spring Semester

Are you or have you ever been a member of the following State of New Jersey administered retirement systems?

- ☐ No    ☐ Yes - please check the corresponding system and include participation dates

- |   |                            |                          |
|---|----------------------------|--------------------------|
| <input type="radio"/> Public Employees Retirement System (PES)  | From: <input type="text"/> | To: <input type="text"/> |
| <input type="radio"/> Teachers Pensions and Annuity Fund (TPAF) | From: <input type="text"/> | To: <input type="text"/> |
| <input type="radio"/> Police & Fireman's Retirement System      | From: <input type="text"/> | To: <input type="text"/> |
| <input type="radio"/> Alternate Benefit Program                 | From: <input type="text"/> | To: <input type="text"/> |

If you participated in any of the above retirement systems, did you withdraw your funds or retire from the system?

- ☐ No    ☐ Withdrew Funds    ☐ Retired

Date:

Do you own an active annuity contract that contains employee and employer contributions based upon higher education employment?

- ☐ No    ☐ Yes

Current/Previous Educational Institution:  Pension/Investment Company:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_