

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: _____