

KEAN UNIVERSITY
INQUIRY OF PENSION MEMBERSHIP

PART A

1. Are you retired from a New Jersey State-Administered Retirement Plan? ☐ Yes ☐ No

If yes, indicate the date of your retirement, and the type of retirement, then continue to PART B.

If no, continue to question 2.

Retirement date: _____

Type of Retirement: ☐ Disability ☐ Other

2. Do you currently contribute to a State-Administered Retirement Plan?

☐ Yes ☐ No

If no, skip to question 3. *If yes*, give name of retirement plan: _____

3. If you do not currently contribute to a State-Administered Retirement Plan, have you ever contributed to one in the past (Even out of NJ)?

☐ Yes ☐ No

If yes, check the retirement plan you contributed to in the past:

☐ ABP ☐ PERS ☐ PFRS ☐ SPRS ☐ TPAF ☐ DCRP ☐ Other

Did you withdraw your funds from your past retirement plan? ☐ Yes ☐ No

4. Have you ever contributed to a retirement plan with an institution of higher learning?

☐ Yes ☐ No Name of Institution: _____

If yes, did your employer match your contributions? ☐ Yes ☐ No

PART B

With my signature below, I certify that the information I provided above is the truth to the best of my knowledge. **Please be advised additional pension forms may be required.**

Sign: _____

Date: _____

Print Name: _____

SS#: _____ - _____ - _____

Email: _____

Phone: _____