

POLICE AND FIREMEN'S RETIREMENT SYSTEM — NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

APPLICATION FOR RETIREMENT ALLOWANCE

**PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.
PLEASE DETACH BEFORE MAILING THE APPLICATION.**

PART ONE: (Please print - black ink preferred - or type.)

MEMBERSHIP NO. [REDACTED]

1. Name (Last, First, Middle) DOUGH, JOHN D.

2. Address (Street, City, State, Zip) [REDACTED]

3. Name of Employer NEWARK POLICE DEPARTMENT

4. Social Security No. [REDACTED]

5. Date of Birth (Month, Day, Year) [REDACTED]

6. Home Phone [REDACTED]

7. Work Phone (973) 621-4171

8. Were your last three years of service also the years during which you earned the highest salaries? Yes No

If no, list the three fiscal years in which you earned the highest salaries: _____

9. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?

Lump Sum Withhold Retirement Checks

Continue Payments Into Retirement - (refer to Instructions, Item #9, and attach completed application on page 1)

10. Retirement is to be effective the first day of (Month, Year) AUGUST 2000

11. Type of Retirement Allowance desired (refer to page 3): Service Special Deferred

Please provide the requested information regarding your marital status and children. Submit photocopies of your marriage certificate and the birth certificates or adoption papers of all eligible children.

12. Marital Status Single Married Separated Divorced

13. Name of Spouse, if married (Last, First, Middle) [REDACTED]

Maiden Name of Spouse [REDACTED]

14. Spouse's SSN [REDACTED] 15. Spouse's Birthdate (Month, Day, Year) [REDACTED]

16. List any children under 18 years of age, or a child (unmarried) who is mentally or physically incapacitated, regardless of age. Be sure to indicate both the gender and birthdate of each child.

(Last Name, First, Middle) _____
 Male Female Birthdate (Month, Day, Year) _____

(Last Name, First, Middle) _____
 Male Female Birthdate (Month, Day, Year) _____

(Last Name, First, Middle) _____
 Male Female Birthdate (Month, Day, Year) _____

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DIVISION OF PENSIONS & BENEFITS
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Please continue Part Two on reverse side.

PART TWO: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part One. This designation becomes effective at retirement.

PRIMARY BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	ADDRESS [REDACTED]			
2.				
	ADDRESS _____			
3.				
	ADDRESS _____			
4.				
	ADDRESS _____			

CONTINGENT BENEFICIARY(IES) — If no Primary Beneficiary is living at my death, payment is to be made to:

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	ADDRESS [REDACTED]			
2.				
	ADDRESS _____			
3.				
	ADDRESS _____			
4.				
	ADDRESS _____			

SIGNATURE OF APPLICANT

[Handwritten Signature]
(YOUR SIGNATURE MUST BE NOTARIZED)

State of New Jersey

County of Essex

Sworn and subscribed before me this 5th day of September, 2000.

Signature of Notary or Commissioner of Deeds Donald R. Brown

My Commission expires Jan 30, 2004.

Official Title _____

DONALD R. BROWN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Jan. 30, 2004