

**STATE OF DELAWARE**  
STATE BOARD OF PENSION TRUSTEES  
AND  
OFFICE OF PENSIONS  
SLC: D570A

**Application For Pension**

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I hereby apply for a \_\_\_\_\_ pension under the \_\_\_\_\_  
Pension Plan effective \_\_\_\_\_.

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Organization: \_\_\_\_\_ DEPTID: \_\_\_\_\_  
Position: \_\_\_\_\_ Email: \_\_\_\_\_

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If *MARRIED*,

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_

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If *SURVIVOR PENSION*,

Former Employee's Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**CERTIFICATION BY ORGANIZATION**

I hereby certify that all information given for \_\_\_\_\_, applicant for pension, is accurate and true to the best of my knowledge and belief.

\_\_\_\_\_  
(Authorized Organization Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Prepared by: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Preparer's SLC: \_\_\_\_\_

**Schedule of Creditable Service for**

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

**NOTE: Pre-1999: Breaks in service listed on pay-cycle basis. Total service reflected by paycycle.**

**Post-1998: Breaks in service listed on day-by-day basis. Total service reflected by day.**

FROM			THROUGH			PERIOD COVERED			EMPLOYED BY STATE AGENCY OR MUNICIPALITY
Month	Day	Year	Month	Day	Year	Years	Months	Days	
<b>TOTAL CREDITABLE SERVICE</b>									
<b>OTHER FULL TIME SERVICE</b> - Eligible for credit under Buy-In provisions. List separately and attach verification if other than State of Delaware employment.									
FROM			THROUGH			PERIOD COVERED			DESCRIPTION OF BUY-IN SERVICE
Month	Day	Year	Month	Day	Year	Years	Months	Days	
<b>TOTAL ELIGIBLE BUY-IN SERVICE</b>									
<b>GRAND TOTAL SERVICE FOR COMPUTING PENSION</b>									

**CERTIFICATION BY APPLICANT**

I have reviewed the application for pension and hereby **agree/disagree** (must circle one) on the accuracy of the creditable service schedule information as submitted by the Organization.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)