

STATE OF DELAWARE OFFICE OF PENSIONS

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name:	EMPID/SSN:
Phone Number:	Email Address:
Address:	

Delaware Public Employees' Retirement System

I have terminated my employment with _____

(Name of Organization)

effective______. I hereby request to receive a withdrawal benefit of the accumulated pension contributions, plus interest, standing to my credit in the Delaware Public Employees' Retirement System (DPERS). I understand my accumulated contributions, with interest, shall not be paid until the Office of Pensions has verified my total pension contribution (**normally 45 days after the date of the last payroll check**). I also understand that if the taxable portion of my refund exceeds \$200.00, I will need to file a Payment Disbursement Election Form (which will be mailed from the Office of Pensions within 7 business days of receipt of this WB-1 form). If I do not receive these forms 30 days prior to my scheduled refund date, I will contact the Office of Pensions.

I understand that if I terminate with a vested right to a pension, this vested right, as well as any obligation by DPERS to provide any further benefits or coverage, is forfeited upon submitting this application and receiving a refund of my accumulated contributions.

I further understand that the withdrawal of these contributions <u>terminates my membership</u> in DPERS and that if I later return to State service as a covered employee, I must, in order to reinstate my prior service credits, repay the total amount withdrawn plus penalty interest, at the rate established by the State Board of Pension Trustees.

*A <u>CLEAR</u> (ENLARGED) COPY OF YOUR VALID DRIVER'S LICENSE OR PHOTO ID IS <u>REQUIRED</u> WITH THIS APPLICATION.

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SIGNATURE

DATE

If name has changed, enter former name here: ___

Also, please submit a copy of your federally compliant driver's license or a copy of your social security card as it will be **<u>REQUIRED</u>** to process your name change.

ORGANIZATION REQUIREMENT

The applicant has indicated that he/she has terminated pension creditable employment with your organization and is requesting a refund of pension contributions. Please submit a Pension Creditable Compensation (PCC-1) form as soon as possible. We will be unable to process this refund until the PCC-1 is received.

860 SILVER LAKE BLVD., SUITE 1 · MCARDLE BUILDING · DOVER, DE 19904 / SLC D570A PHONE: (302) 739-4208 · TOLL FREE: (800) 722-7300 · FAX: (302) 739-6129 · EMAIL: PENSIONOFFICE@DELAWARE.GOV WWW.DELAWAREPENSIONS.COM