



STATE OF DELAWARE
OFFICE OF PENSIONS

APPLICATION FOR
WITHDRAWAL OF BENEFIT

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 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 terminates my membership 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to State service as a covered employee, I must, in order to reinstate my prior service credits, repay the total amount withdrawn plus penalty interest, at the rate established by the State Board of Pension Trustees.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 CLEAR (ENLARGED) COPY OF YOUR VALID DRIVER'S LICENSE OR PHOTO ID IS REQUIRED WITH THIS APPLICATION.

X 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 REQUIRED 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.