STATE OF DELAWARE
OFFICE OF PENSIONS

CONTRIBUTIONS RETENTION NOTICE

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

First Name & Middle Initial: _____Last Name: _____

Pension ID or SSN: _____ Phone: _____

Email: _____

Address: _____

City: _____State: _____Zip Code: _____

Delaware Public Employees' Retirement System

I have terminated employment with (Name of Organization) _____ effective_____. I hereby elect to leave my accumulated pension contributions in the Delaware Public Employees' Retirement System (DPERS) and continue to earn interest at a rate established by the Board of Pension Trustees. I have less than the required years of service in a pension covered position to collect a future pension. I understand that if I have more than the required years of service in a pension covered position, I must file a vested pension application through my organization's Human Resources Office.

Also, by leaving the contributions in DPERS, I retain my status as a member of the Retirement Plan should I later return to service in a pension covered position and subsequently accumulate sufficient years to restore my prior service credits.

I understand that by leaving my contributions in the Retirement Fund, I must notify the Office of Pensions of any address or name changes during the period this election is in effect.

Signature _____ Date _____

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

CRN-1 Form Revised June 2026 - **#145**

TO BE COMPLETED BY ORGANIZATION

I hereby certify that the above applicant has terminated employment with this organization effective (Termination Date) _____ and that this employee does not have the required years of service in a pension covered position to receive a future pension.

Authorized Signature _____ Title _____

Name of Organization _____ Date _____

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