STATE OF DELAWARE
OFFICE OF PENSIONS

APPLICATION FOR WITHDRAWAL OF BENEFIT

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

First Name & Middle Initial: _____Last Name: _____

EMPID / SSN:_____

Phone: _____ Email: _____

Address: _____

City: _____State: _____Zip Code: _____

Delaware Public Employees' Retirement System

I have terminated my employment with (Name of Organization)_____ Effective (Date)_____. 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.

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

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to State service as a covered employee, I must, in order to reinstate my prior service credits, repay the total amount withdrawn plus penalty interest, at the rate established by the State Board of Pension Trustees.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.**

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.