STATE OF DELAWARE
OFFICE OF PENSIONS

APPLICATION FOR WITHDRAWAL OF BENEFIT FIREMAN'S PLAN

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

First Name & Middle Initial: _____Last Name: _____

SSN:_____

Phone: _____ Email: _____

Address: _____

City: _____State: _____Zip Code: _____

Delaware Volunteer Fireman's Pension Plan

I have terminated my membership with (Name of Fire Department / Auxiliary)

_____

effective _____. In accordance with Title 16 Del. C. §66(a) and §6660, I hereby request to receive a withdrawal benefit of the accumulated pension contributions, plus interest, standing to my credit in the Volunteer Firemen's Pension Fund. I understand that the withdrawal of these contributions terminates my membership in the Volunteer Fireman's Pension Plan.

Please complete the following with regard to service credit:

☐ I understand that I have less than 10 years of service credit and am not eligible to receive pension nor do I have a vested right to a pension. Therefore, my accumulated contributions, with interest, shall be paid to the Fire Dept/Auxiliary for the final settlement.

☐ I have at least 10 years of service credit; however, I wish to waive my right to receive any pension benefits from the Volunteer Fireman's Pension Plan. My accumulated contributions, with interest, should be paid directly to me.

***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.

FIRE DEPARTMENT/AUXILIARY REQUIREMENT

I hereby certify that the above applicant has terminated with the Volunteer Fireman's

Pension Plan effective _____.

Authorized Signature: _____

Title: _____ Date: _____

Fire Dept/Auxiliary Name: _____

Dept ID: _____