



STATE OF DELAWARE OFFICE OF PENSIONS

APPLICATION FOR WITHDRAWAL OF BENEFIT

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

Name:	EMPID/SSN:
Phone Number:	Personal Email:
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 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to State service as a covered employee, I must, in order to reinstate my prior service credits, repay the total amount withdrawn plus penalty interest, at the rate established by the State Board of Pension Trustees.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 _____ 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.