



STATE OF DELAWARE  
OFFICE OF PENSIONS

APPLICATION FOR  
WITHDRAWAL OF BENEFIT -  
FIREMAN'S PLAN

PLEASE COMPLETE AND RETURN FORM TO [PENSION.FORMS@DELAWARE.GOV](mailto:PENSION.FORMS@DELAWARE.GOV)

Name:	SSN:
Phone Number:	Personal Email:
Address:	

**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.**

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.

**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:	