

### Paid Firemen's Pension Fund - Plan B Application for Retirement

WRS Office Use Only
Acct#: _____
-
Agency: _____
-
Last Completed
by: _____
Retirement
Date: _____
Checked by: _____

**1** Member's Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_

Check box if new address

**2** Last Working Day: \_\_\_\_\_ Effective Retirement Date: \_\_\_\_\_

**3** Beneficiary Information: *Please note, under **Options 2 and 3**, your spouse must be your beneficiary*  
 Beneficiary's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**4** List dependent children under the age of 18 on a separate, signed attachment, and include it with your application.

**5 Work History as a Firefighter** (Any employment before April 2000 must be verified by the department)

(1) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 (2) Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(Use separate, signed attachment if needed)

**Employment Verified By:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Head

**6 Select Retirement Option Below** (see Benefit Options Available for a detailed description of options)

**BOTH SIGNATURES MUST BE SIGNED BEFORE A NOTARY** (see page 2)

◇ **OPTION 1** - A monthly benefit during your lifetime only. A monthly benefit will not be paid after your death.

Member's Signature	Date	Spouse's Signature	Date
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◇ **OPTION 2** - A Full Joint and Survivor benefit payable as long as you or your spouse live.

Member's Signature	Date	Spouse's Signature	Date
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◇ **OPTION 3** - A Joint and One-Half Survivor benefit payable as long as you or your spouse live.

Member's Signature	Date	Spouse's Signature	Date
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◇ **OPTION 4** - A monthly benefit during your lifetime, with a 10-year certain payout.

Member's Signature	Date	Spouse's Signature	Date
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◇ **OPTION 5** - A monthly benefit during your lifetime only, with no beneficiary provisions. If your death occurs before all of your contributions and interest have been paid to you, the remaining funds revert to the retirement system.

Member's Signature	Date	Spouse's Signature	Date
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#### AFFIDAVIT OF MARITAL STATUS (Must be completed if you are not married)

I, \_\_\_\_\_, hereby declare that as of the date below, I am **not** married, and I am not required to provide a spouse's signature under the option I have chosen for retirement.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**BOTH Signatures on Page 1 Must be Notarized**

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

On (date) \_\_\_\_\_, before me, (notary's name) \_\_\_\_\_,  
personally appeared (member's name) \_\_\_\_\_ and  
(spouse's name) \_\_\_\_\_,

proved to me on the basis of satisfactory evidence **OR**  personally known to me  
to be the person(s) whose name(s) is/are subscribed to the attached document: (please check box below)

- RETIREMENT APPLICATION
- WITHDRAWAL OF MEMBER CONTRIBUTIONS
- CHANGE OF NAME/ADDRESS/BENEFICIARY FORM

dated \_\_\_\_\_,  
and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Notary Seal

X \_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

**NOTARY ACKNOWLEDGMENT**

**To be completed only if spouse's signature is not already notarized above.**

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

On (date) \_\_\_\_\_, before me, (notary's name) \_\_\_\_\_,  
personally appeared (spouse's name) \_\_\_\_\_,

proved to me on the basis of satisfactory evidence **OR**  personally known to me  
to be the person whose name is subscribed to the attached document: (please check box below)

- RETIREMENT APPLICATION
- WITHDRAWAL OF MEMBER CONTRIBUTIONS
- CHANGE OF NAME/ADDRESS/BENEFICIARY FORM

dated \_\_\_\_\_,  
and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

X \_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

Notary Seal

WRS Office Use Only

Entered: \_\_\_\_\_  
Verified: \_\_\_\_\_

**Wyoming Retirement System**  
**ADDITIONAL/CONTINGENT BENEFICIARIES FOR RETIREMENT**  
➤➤ *To be included with the Retirement Application Packet only* ◀◀

Member's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check box if new address

**Additional Primary Beneficiary[ies] (available with Options 1 and 4)**

(When multiple beneficiaries are designated, the lump sum payment will be made to the beneficiaries in equal shares unless otherwise specified in writing to the Wyoming Retirement System. Beneficiaries are not permitted under Option 5)

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

**Contingent Beneficiary[ies] (available with Options 1, 2, 3, and 4)**

(You may designate one or more contingent beneficiaries. Should your primary beneficiary(ies) not survive you, the lump sum payment will be made to your contingent beneficiary(ies) as specified. Contingent beneficiaries are not permitted under Options 2P, 3P, and 5)

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ % \_\_\_\_\_

**X**  
\_\_\_\_\_  
Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

➤➤ Beneficiary designation will apply to your Wyoming Retirement System **PENSION** account only unless otherwise indicated.

Beneficiary designation also applies to the WRS-sponsored Prudential Life Insurance plan

*WRS Office Use Only*

  
  
  
  
  
  
  
  
  

Entered: \_\_\_\_\_  
Verified: \_\_\_\_\_

**Wyoming Retirement System**  
**AUTOMATIC PAYROLL DEPOSIT\***  
(Please Print or Type)

Member's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Financial Institution Information:**

Financial Institution's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

9-Digit Bank Routing Number: \_\_\_\_\_

**CHECKING** Account Number: \_\_\_\_\_

**OR SAVINGS** Account Number: \_\_\_\_\_

Deposit: \_\_\_\_\_ 100% OR \$\_\_\_\_\_ each payday

*Complete section below if benefit is split between two accounts. Specify the amount to be credited to each account.*

**Financial Institution Information:**

Financial Institution's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

9-Digit Bank Routing Number: \_\_\_\_\_

**CHECKING** Account Number: \_\_\_\_\_

**OR SAVINGS** Account Number: \_\_\_\_\_

Deposit: \_\_\_\_\_ 100% OR \$\_\_\_\_\_ each payday

Member's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Please Attach Voided Check**  
  
(if available)

<i>WRS Office Use Only</i>
Entered: _____
Verified: _____

\*Required by WRS; may be changed anytime by *written* instruction to the payroll section of WRS.

### Wyoming Retirement System FEDERAL INCOME TAX WITHHOLDING

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check box if new address

- I am retiring soon. My INITIAL withholding is as follows; **OR**
- I am already retired. Please CHANGE my current withholding as follows:

*Please check the box(es) that apply to your tax status*

1.  I want to have WRS calculate my withholding based on current IRS tax tables. I realize that even though I have chosen this option, my monthly benefit may not be subject to taxation.
  - Filing Status (*please circle one*) .....Married or Single
  - Exemptions Claimed (*please circle one*) ...0 1 2 3 4 5 6 7 8 9 10
2.  Withhold \$ \_\_\_\_\_ per month IN ADDITION to the amount I am currently having withheld.
3.  Withhold \$ \_\_\_\_\_ of my taxable benefit each month (TOTAL amount)
4.  Withhold \_\_\_\_\_ % (percent) of my taxable benefit each month.
5.  I do NOT want federal withholding tax deducted from my retirement benefit. I understand I am liable for the payment of federal income tax on the taxable portion of my benefit. If my payments of estimated tax are not adequate, I understand I may be subjected to tax penalties under the estimated tax payment rules.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

- Each January you will receive a 1099-R form (Distributions from Retirement Plans) for federal income tax purposes.
- You may update your tax information anytime by **written** instruction to the Wyoming Retirement System. If you are making a change, please return this form by the 20th of any month.

<i>WRS Office Use Only</i>
Entered: _____
Verified: _____