Retirement Estimate Request

Instructions: You can receive an <u>estimate</u> of your retirement benefits by completing this form and returning it to the Wyoming Retirement System (WRS), or by going to the on-line calculator on our Web site at http://retirement.state.wy.us. You must be vested in your specific plan to be eligible to receive a monthly retirement benefit. Please allow 90 days for a written response from WRS.

Note: An incomplete or improperly completed fo	rm will be returned to y	you.
Projected Retirement Date:(must be within 36 months)	_ Social Security Number	:
	Date of Birth:	
Address:		
City:		
Check box if new address		
Telephone Number: ()	E-mail address:	
Employer:	Years of Service in V	VRS: Full-time
		Part-time/Job-share
Occupation:	<u></u>	
If you are interested in survivor options, please complete the	e following:	
Beneficiary's Name:	Beneficiary's Date of	Birth:
I understand the figures I will receive are estimat received when I retire. I also understand that no months.	further estimates ma	•
Member's Signature	L	Date WRS Office Use Only
Return completed, signed form to:		
Wyoming Retirement Sy 6101 Yellowstone Road, So Cheyenne, WY 8200	uite 500	
If you have any questions, please call (307) 777-7 to a benefit specialist.	7691 and ask to speak	
		Entered: Verified: