

To ensure timely processing of your retirement application, please make sure the fire department or ambulance service is aware of the date you are retiring so additional contributions will not be paid to the Wyoming Retirement System (WRS) on your behalf. Contributions paid to your account after your retirement date will require adjusting entries and will delay processing of your retirement application.

The fire department or ambulance service must submit your final contributions and the account information to close your service record with WRS before your retirement application can be processed.

## VOLUNTEER FIREFIGHTER AND EMT PENSION ACCOUNT Application Instructions and Checklist

Please verify the following information before submitting your application. **Any changes to the forms must be initialed and dated.**

### Application (required)

- Name, address, social security number, date of birth, telephone number, and email address (if applicable).
- Name of the fire department or ambulance service for which you volunteered.
- Dates of actual participation in the pension plan.
- Retirement Date is the effective date of your retirement. In *most* cases, this is the first day of the month following the last month contributions were paid to WRS. For example, if your final contributions were paid to WRS on the July file, your retirement date would be August 1. If your account has been inactive, the earliest date you can retire is at age 60. If you are not sure what retirement date to list, please contact our office.
- Spouse's name, date of birth and social security number must be completed, if you are married.
- Provide the names and dates of birth of any of your children who are under the age of 21.
- The application must be signed and dated.

### Birth Certification (required)

- Photocopy of your birth certificate
- If birth certificate not available, see list of acceptable documents ➤➤

### Automatic Payroll Deposit Form (required)

- Name and social security number
- Financial Institution's name, address, telephone number
- Routing number and account number
- Signature and date
- Attach a voided check (if available)

### Federal Income Tax Withholding Request Form (required)

- Name, address, social security number
- A tax option is selected
- If Box 1 is checked,
  - Filing status
  - Total exemptions claimed
- Signature and date

#### **Other Acceptable Documents for Birth Certification** (photocopies please)

#### **Group A (One Document Sufficient):**

Delayed Birth Certificate  
Naturalization Papers  
Baptismal Record  
Church Records  
Family Bible Record  
Census Records  
Newspaper Record of Birth  
Passport

#### **OR**

#### **Group B (Three Documents Required):**

Insurance Policies  
Hospital Record  
Physician's Record  
School Records  
Armed Forces Record  
Birth Certificate of Child  
Licenses (Driving, Hunting, Etc)  
Voting Registration Record  
Marriage Records  
Records of Social/Fraternal Org.  
Employment Records

## Volunteer Firefighter and EMT Pension Account Application for Retirement

Print or Type:

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

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

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

Check box if new address

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Volunteer Fire Dept/Ambulance Service: \_\_\_\_\_

Date started contributing to pension: \_\_\_\_\_ Ending date: \_\_\_\_\_

Retirement date\* (must be 1st day of month following last contribution or age 60, whichever is later): \_\_\_\_\_

.....  
**Spouse's Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

.....  
**List Below all Children under age 21:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

.....  
*\* If your account has been inactive or you are not sure what retirement date to list, please contact a Benefit Specialist at the Wyoming Retirement System.*

- The fire department or ambulance service must submit your final contributions and the account information to close your service record before your retirement application can be processed.
- A copy of your birth certificate (or other acceptable documentation from the list) must accompany your retirement application.

<i>WRS Office Use Only</i>
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)

*WRS Office Use Only*

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: _____	_____