

Notice of Termination from the Volunteer Firemen's Pension Fund

(Please type or print)

Name of Fire Department: _____

WRS/Agy Number: _____

Social Security Number: _____

Retirement Number: _____

Member's Name: _____

Member's Address: _____

Check box if new address

This is to certify that the above named member is no longer participating in the pension fund due to the following reason:

- Vested with 10 years of service; will pay on own via Department
- Voluntary cancellation from the plan
- Not attending at least 50% of the meetings
- Terminated from the Department
- Deceased

and their last day was _____.

The Volunteer Firemen's Pension Fund will contact this member directly.

Signature of Authorized Officer: X _____ Date _____

Title: _____

Send this form directly to the address below.

Wyoming Retirement System
 Volunteer Firemen's Pension Fund
 6101 Yellowstone Rd., Suite 500
 Cheyenne, WY 82002

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