



Wyoming Retirement System

Partnering to Build Financial Security for Members and their Families

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Governor

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RETIREMENT APPLICATION INFORMATION SHEET

Thinking about retirement? Planning and preparation are essential for a successful retirement. Here is a list of things you can do to help ensure a smooth changeover to retirement. You can also watch the process on the WRS YouTube channel (<https://www.youtube.com/watch?v=rNiPB7pgVO8>).

WRS does not accept an application for retirement benefits more than 30 days prior to your last working day, but there are still a few things you can do to get ready!

Open the Wyoming Retirement System portal at <https://pension.wyo.gov/> to:

- Update your contact information by clicking "Edit My Profile" on the Fast Task menu on the right side of your screen.
- Update your Beneficiaries
- Please check your eligibility for full retirement prior to completing this application by clicking "Estimate" at the top of your screen and following the prompts. Eligibility depends on your plan, age and months of service.
- Consider your payment options carefully (<https://www.youtube.com/watch?v=hdbcGYDdARE>).
- The option you select becomes permanent and irrevocable once you apply.

Applying

Congratulations on your retirement! If you're within thirty (30) days of your last working day, you can apply Online (<https://pension.wyo.gov/>) through your retirement portal. **Applying on-line is the quickest way to get your benefit.** However, if you prefer to fill out a paper application, you can do that as well. Whichever way you choose; you'll need to have the following Information to apply.

1. Your desired retirement date, if different that your earliest possible date you are eligible;
2. The routing and account numbers for the bank where you want your refund deposited along with a copy of a voided check (optional);
3. Copy of a government issued ID such as a passport or driver's license for you and your primary beneficiary; and,
4. The signature form with you and your spouse's (if married) notarized signature W4-P form (<https://www.irs.gov/pub/irs-pdf/fw4p.pdf>) if you're wanting to have additional taxes withheld.
5. Prudential Form if applicable

Note: Remember, if you also participated in Deferred Compensation during your tenure, you'll need to log in to your account and update this same information. Although you can request a distribution from Deferred Compensation as soon as you terminate your employment, you're not required to take your money until age 73, at <https://wrsdcp.empower-retirement.com/>. Please remember this is different from your pension.

**WYOMING RETIREMENT SYSTEM
RETIREMENT APPLICATION**
Form Effective 5/1/2024**SECTION 1: PERSONAL INFORMATION**

Social Security Number (SSN) _____ - _____ - _____

Legal Name _____

Last Name

First Name

Middle Initial

Address _____

Address

City

State

Zip

Date of birth _____ Phone # _____

Email _____
*Your email will set up online account access & you will be emailed a Welcome Letter once your benefit is processed.***Please select your pension plan**

- ☐ Public Employee Tier I or Tier II
- ☐ State Patrol, Warden and Criminal Investigator
- ☐ Law Enforcement
- ☐ Judicial
- ☐ Paid Fire A
- ☐ Paid Fire B
- ☐ Volunteer Firefighter, EMT and Search & Rescue
- ☐ Air Guard Firefighter

SECTION 2: BENEFIT EFFECTIVE DATE

Please select your benefit effective date by either selecting your earliest possible retirement date or specifying a later date. Note: If the day you selected it before your earliest possible retirement date our office will contact you.

_____/_____/_____
Month Day Year**SECTION 3: RETURNING TO WORK ACKNOWLEDGEMENT**

Wyoming Retirement Rules Chapter 12 requires that an individual have a bona fide separation of service for thirty (30) calendar days prior to returning to work with an employer who participates in the same retirement plan and no preexisting agreement with a new employer can exist. It is your obligation to work with your existing employer to make an irrevocable decision to continue or discontinue your benefit and notify WRS within 10 days of returning to work.



Initial Here

Initials Required: I acknowledge that I do not plan or have a prearranged agreement to return to work within thirty (30) calendar days from my designated benefit effective date.

**WYOMING RETIREMENT SYSTEM
RETIREMENT APPLICATION**
SECTION 4: MARTIAL STATUS
☐ I am married

☐ I am unmarried

If Married:

Spouse Name _____ Spouse Date of Birth _____

Spouse Social Security Number (SSN) ____ - ____ - ____

SECTION 5: BENEFICIARY INFORMATION

You must attach a copy of government issued ID for each of your primary beneficiaries. Please attach an additional sheet if needed for beneficiaries.

Primary:	Name _____ SSN _____ Date of Birth _____ Relationship _____ % _____
Primary 2: Optional	Name _____ SSN _____ Date of Birth _____ Relationship _____ % _____
Contingent: Optional	Name _____ SSN _____ Date of Birth _____ Relationship _____ % _____
Contingent 2: Optional	Name _____ SSN _____ Date of Birth _____ Relationship _____ % _____

Volunteer Fire and Paid Fire B ONLY: Please list children under age of 21

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

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SECTION 6: BENEFIT OPTIONS

Select only one Option (Note: Members of the Judicial plan please skip this section)

BENEFIT OPTION EXPLANATION

<input type="checkbox"/>	OPTION 1:	Single Lifetime Benefit with Beneficiary. You can have more than one primary and/or contingent beneficiary. Beneficiary can be a Trust. This option is the only options for Volunteer Firefighter, EMT and Search & Rescue plan. (Warden and Patrol is 100%)
<input type="checkbox"/>	OPTION 2:	100% Joint and Survivor Benefit. This is a lifetime benefit for the member and includes a provision for a 100 percent lifetime benefit to your primary beneficiary upon your death. Only one primary beneficiary is allowed. You may have multiple contingent beneficiaries.
<input type="checkbox"/>	OPTION 2P:	100% Joint and Survivor Benefit with Pop-Up Provision. This is a lifetime benefit for the member and includes a provision for a 100 percent lifetime benefit to a beneficiary upon the member's death. Only one primary beneficiary is allowed. No contingent beneficiaries allowed. This option is not available to Paid Fire Plans.
<input type="checkbox"/>	OPTION 3:	50% Joint and Survivor Benefit. This is a lifetime benefit for the member and includes a provision for a 50 percent lifetime benefit to a beneficiary upon the member's death. Only one primary beneficiary is allowed. You may have multiple contingent beneficiaries. This option is not available for State Patrol, Warden and Criminal Investigator Plan.
<input type="checkbox"/>	OPTION 3P:	50% Joint and Survivor Benefit with Pop-Up Provision. This is a lifetime benefit for the member and includes a provision for a 50 percent lifetime benefit to a beneficiary upon the member's death. Only one primary beneficiary is allowed. No contingent beneficiaries allowed. This option is not available to Paid Fire Plans.
<input type="checkbox"/>	OPTION 4A:	10-year Certain Benefit. This is a lifetime benefit for the member only. It is a reduction from Option 1 and is based only on the member's life expectancy. You can have more than one primary and/or contingent beneficiary. Beneficiary can be a Trust.
<input type="checkbox"/>	OPTION 4B:	This is a lifetime benefit for the member only. It is a reduction from Option 1 and is based only on the member's life expectancy. You can have more than one primary and/or contingent beneficiary. Beneficiary can be a Trust. This option is not available for Law Enforcement plan, State Patrol, Warden and Criminal Investigator Plan, Paid Fire B Plan nor Air Guard Firefighter Plan.
<input type="checkbox"/>	OPTION 5:	Single Lifetime Benefit without Beneficiary. This is a lifetime benefit for the member only and any remaining funds revert to WRS. No Primary or Contingent Beneficiaries allowed.

SECTION 7: COLA

Would you like to include a Self-Funded Cost of Living Adjustment (COLA)? COLAs are not available to Volunteer Fire/EMT nor Judicial plans. If applicable, please Select only one.

- ☐ No COLA
- ☐ 1%
- ☐ 2%
- ☐ 3%

SECTION 8: FEDERAL INCOME TAX WITHHOLDING

WRS will automatically set your federal income tax withholding to a single rate with no adjustments. You need to complete IRS Form W-4P and attach it to this application if you would like to withhold a different amount from your pension benefit.

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SECTION 9: STATE WITHHOLDING

- ☐ No State Withholding
- ☐ WRS Calculate my Withholding
State: _____

- ☐ Married
- ☐ Unmarried
Number of Exemptions _____

- ☐ Withhold \$ _____ of my total monthly benefit.
State _____
- ☐ Withhold _____% of my total monthly benefit.
State _____

SECTION 10: BANK INFORMATION

Please fill in the information below. You may also include a copy of a voided check with your application (optional).

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #:	_ _ _ _ _	
Bank Name	_____	
Account #:	_ _ _ _ _	
Confirm Account #:	_ _ _ _ _	

**WYOMING RETIREMENT SYSTEM
RETIREMENT APPLICATION****SECTION 11: SIGNATURE**

The information contained in this application is true and accurate. I have selected the best benefit option for me and understand that my decision is irrevocable. I acknowledge that I have read and fully understand all sections of this application. I authorize the Wyoming Retirement System to deposit my retirement benefit electronically into my financial institution. I authorize the Wyoming Retirement System to withhold State and/or Federal income tax from my pension benefit based on my election(s). You may need to add an additional page 6 if you or your spouse sign at different times. Both signatures require a notary.

Notary must complete

State of _____ County of _____

Acknowledged before me, this _____ * day of _____ 20_____

by (*member's name*) _____(*spouse's name*) _____

to be the person(s) whose name(s) is/are subscribed on the Retirement Application attached:

Seal:

Witness my official hand and seal.

Notary Public Signature _____

Notary Public Print Name _____

Commission expires: _____