

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: _____

.....
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: _____	_____