

RETIREMENT ESTIMATE REQUEST

B1 Estimate Request (Created 3/2023)

Instructions: You can receive an estimate of your retirement benefits by completing this form and returning it to the Wyoming Retirement System (WRS), logging into your online account at https://pension.wyo.gov/, by going to the online calculator on our website at https://retirement.wyo.gov. 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 imp | roperly completed for | orm will b | e returned to you | l. | | |
|---|----------------------------|-------------|---|----------------|-----------------------------|--|
| ESTIMATE REQUEST INFORMATION | | | | | | |
| PROJECTED RETIREMENT DATE (must be within 36 months) | | | | | | |
| | | | | | | |
| DEDOONAL INFORMAT | | | | | | |
| PERSONAL INFORMATION | | | | | | |
| SOCAIL SECURITY NUMBER | | | RAIN ID | | | |
| | | | | | | |
| LEGAL NAME* | | | DATE OF BIRTH | | | |
| | | | | | | |
| | | | | | | |
| MAILING ADDRESS | | | CITY, STATE ZIP | | | |
| | | | | | | |
| PHONE NUMBER | | | EMAIL ADDRESS | | | |
| | | | | | | |
| EMPLOYER'S NAME OCCUPATION | | | VEADO OF CEDVI | OF IN MOO | | |
| EMPLOYER'S NAME | EMPLOYER'S NAME OCCUPATION | | YEARS OF SERVICE IN WRS FULL-TIME: PART-TIME/JOB-SHARE: | | | |
| | | | | | | |
| SURVIVOR INFORMATI | ON | | | | | |
| | | ploto the f | following: | | | |
| If you are interested in survivor options, please comple BENEFICIARY'S NAME | | | RELATIONSHIP | | BENEFICIARY'S DATE OF BIRTH | |
| | | | | | | |
| | | | | | | |
| REQUIRED SIGNATURE | | | | | | |
| I understand the figures I wi | Il receive are estima | ted and s | subject to change | once final | contributions are received | |
| when I retire. I also underst | and that no further e | estimates | may be requeste | ed for at le | ast 12 months. | |
| | | | | | | |
| | | | | Date | | |
| | | | | Bate | | |
| Return completed, signed for | orm to: | | | | | |
| Wyoming Retirement System | | | | | | |
| 2515 Warren Avenue Suite 450 | | | | | | |
| | Cheyenne, WY 8 | 82002 | | | | |
| I.E I | | 7 7004 - | | l . c : | h an a sialiah | |
| If you have any questions, | piease caii (307) 777 | 7-7691 a | nd ask to speak t | o a peneti | t specialist. | |
| | | | | WRS | USE ONLY | |
| * If the name on your pension | | | ted Date and Initial: | | | |
| Change form (on our websit form, when submitting the re | e), including legal docı | umentatio | n attached to this | | | |
| L TOTTE WEET SUPPLIFIED THE RE | aucat | | | | | |