



Wyoming Retirement System

Partnering to Build Financial Security for Members and their Families

Mark Gordon
Governor

David Swindell
Executive Director

REFUND & ROLLOVER APPLICATION INFORMATION SHEET

To request a refund of your WRS pension account, you must be terminated from your employer and cannot be actively employed by an employer of the same retirement plan. WRS cannot start the refund process of your account until your employer submits your final contributions and termination date.

This process could be much faster! You can apply online! Open the Wyoming Retirement System portal at <https://pension.wyo.gov/> Please log on to update your contact information by clicking "Edit My Profile" on the Fast Task menu on the right side of your screen or contact a Member Benefits Specialist to confirm that your information is up to date. You may be required to fill out additional forms if you are not using the portal.

By electing to refund your WRS pension account, please be advised that:

- Your decision is irrevocable;
- If you are vested, you will forfeit a lifetime benefit monthly payment and months of service worked, then your account will close;
- If you are not vested, you have the option to leave your account balance and months of service worked with WRS if you plan to return to work for a participating employer in the future; and
- If you are not vested, you may request a refund of your employee contributions only and you forfeit your months of service worked

You will need to have this information ready:

- The routing and account numbers for the bank where you want your refund deposited
- If doing a direct rollover, a letter of acceptance from the receiving entity.
- Applicable tax forms.
- If rolling over your refund, please see the following special tax notice:
<https://www.opm.gov/forms/pdfimage/ri37-22.pdf>
- Copy of a government issued ID such as a passport or driver's license

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
REFUND/ROLLOVER APPLICATION AND VESTED RESPONSE FORM

SECTION 1: PERSONAL INFORMATION

Social Security Number (SSN) _____ - _____ - _____

Legal Name _____

Address _____
Last Name First Name Middle Initial

Date of birth _____ Phone # _____
Address City State Zip

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
- ☐ Fire B
- ☐ Volunteer Firefighter, EMT, and Search & Rescue
- ☐ Air Guard Fire

Please select your Refund/Rollover Information. Your decision is irrevocable.

- ☐ Leave your money in your existing plan
- ☐ Rollover your money to an eligible plan as defined by the Internal Revenue Code Section 402(c)(8)(B) (see [IRS.Gov/pub/rollover_chart.pdf](https://www.irs.gov/pub/rollover_chart.pdf))
- ☐ Take a full refund (A refund is a total distribution of your contributions and accrued interest if applicable. You will forfeit any service credit you may have earned).

SECTION 2: MARTIAL STATUS

- ☐ I am married
- ☐ I am unmarried

Complete if Married.

Spouse Name _____ Spouse Date of Birth _____

Spouse Social Security Number (SSN) _____

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SECTION 3: LAST WORKING DATE

Please enter your last working day below. WRS will confirm this date with your employer prior to releasing funds.

_____/_____/_____
Month Day Year

SECTION 4: ROLLOVER ELECTION (Remainder of partial rollovers will be refunded directly to the member)

☐ I am electing a partial rollover. Please list the exact dollar amount (this must be over \$200). \$ _____
 I understand that the remaining amount will be refunded directly to me.

☐ I am electing a total rollover

Please attach the Letter of Acceptance (LOA) from your Eligible Retirement Plan as defined by the Internal Revenue Code 402(c)(8)(B). This letter is provided by the receiving rollover institution. The letter states the institution will receive the money you are electing to rollover and instructions of how the rollover funds will be sent to the institution. The letter must include a "make check payable to" instruction.

SECTION 5: STATE WITHHOLDING

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

WRS will automatically withhold twenty percent (20%) Federal Tax per IRS requirements. The IRS may impose an additional 10% income tax for early distribution. You will be responsible for knowing your tax situation when you file your taxes. If you want additional tax withheld, you must attach an IRS form W- 4R.

SECTION 6: BANK INFORMATION

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

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SECTION 7: VESTED RESPONSE FORM AND ACKNOWLEDGEMENT

Initials Required for Vested Members



If you are vested, by electing to withdraw your WRS pension account contributions and interest in a lump sum, you are forfeiting your rights to a lifetime monthly benefit and any associated service credits. A benefit specialist will provide you with additional options before you make an irrevocable decision. By initialing, you acknowledge and accept that have been provided the options available to you as a vested member of WRS and understand that by refunding your pension account:

- You are forfeiting your rights to any future benefits from WRS,
- You are forfeiting any time and service earned to date,
- You acknowledge that your refund cannot be reissued or returned to WRS
- You acknowledge that if you are currently enrolled in Tier 1 of the Public Employee Plan, and take a refund and later return to work for a Public Employee Plan participating employer, you will be enrolled in Tier 2 of the Public Employee plan.
- You acknowledge that with this refund request, you do not wish to wait for the 30-day waiting period, for which you are entitled, to end before your payment is processed, and that you are waiving that right.

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SECTION 8: 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 4 if you or your spouse sign at different times. Both signatures require a notary.

Notary must complete

Member's Signature: _____

Spouse's Signature: _____

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: _____

WRS Office Use Only
Date:
Scanned:
Initials:
RAIN ID: