



Wyoming Retirement System

Partnering to Build Financial Security for Members and their Families

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RETIREMENT APPLICATION

Before you begin:

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>) and learn about your payment options here: (<https://www.youtube.com/watch?v=hdbcGYDdARE>). The option you select becomes permanent and irrevocable once you apply.

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.

Update your contact information and beneficiaries:

Open the Wyoming Retirement System portal at <https://pension.wyo.gov/>. Update your contact information by clicking "Edit My Profile" and "Manage Beneficiaries" on the Fast Task menu on the right side of your screen.

Estimate your eligibility:

Once in the portal, check your eligibility for full retirement prior to completing your application by clicking "Estimate" at the top of your screen and following the prompts. Eligibility depends on your plan, age and months of service.

If you are within thirty (30) days of your last working day, you can apply online (<https://pension.wyo.gov/>) through your retirement portal. Applying online 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 will need to have the Information listed in step 1 to complete the application process. Please know processing can take up to ninety (90) days. Please make sure you're prepared for how this can impact your financial situation and plan for any health insurance that may require out-of-pocket payment until your retirement is complete. Finally, WRS would like to congratulate you on starting the longest vacation of your life.

STEP 1: GATHER YOUR INFORMATION AND DOCUMENTS

You will need to have the following Information to apply:

- Your desired retirement date, if different than your earliest possible date you are eligible;
- The routing and account numbers for the bank where you want your refund deposited OR a copy of a voided check;
- Copy of a government issued IDs such as a passport or driver's license for you and your primary beneficiary; and,
- The signature form with you and your spouse's (if married) signature W4-P form (<https://www.irs.gov/pub/irs-pdf/fw4p.pdf>) if you want to have additional taxes withheld.
- If you are already enrolled and wish to continue your Prudential Life Insurance, you'll need to contact them directly at: (800) 525-8056

Note: Remember, if you also participated in Deferred Compensation during your tenure, you will need to log in to your account and update this same information. <https://wrsdcp.empower-retirement.com/>.

STEP 2: PERSONAL INFORMATION

Social Security Number (SSN) _____

Legal Name _____

Last Name *First Name* *Middle Initial*

Address _____

*Street Address**City**State**Zip*

Date of Birth _____ Phone Number _____

Email _____

Note: Your email will set up online account access and allow for future communications.

Please select the pension plan from which you are retiring:

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

STEP 3: 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 is before your earliest possible retirement date, our office will contact you.

_____/_____/_____
Month *Day* *Year*

STEP 4: RETURNING TO WORK

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 an employer can exist. It is your obligation to work with your employer to make an irrevocable decision to continue or discontinue your benefit and notify WRS within 10 days of returning to work.

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. Should this change, I understand that my retirement benefit will stop until I retire at a future date.

Initial Here

STEP 5: MARITAL STATUS

If not married, skip this step.

Spouse Name _____ Spouse Date of Birth _____

Spouse Social Security Number (SSN) _____

STEP 6: BENEFICIARY INFORMATION

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

TYPE	NAME	RELATIONSHIP	BIRTHDATE	SSN	PERCENTAGE*	
					Primary	Contingent
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
Primary Beneficiary Total:*					0 %	
Contingent Beneficiary Total:*						0%
* Sum of Primary should equal 100%, and the sum of Contingent should equal 100%. If no percentage is listed, payment will be made in equal shares.						

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

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

Name _____ SSN _____ Date of Birth _____

STEP 7: BENEFIT OPTIONS

Initial only one option below. Members of the Judicial plan please skip this section.

Note: An ID is required for all primary beneficiaries except for Option 5.

Note: *Only Options 1, 4a and 4b allow for a change of beneficiary after retirement.

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***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 option for Volunteer Firefighter, EMT and Search & Rescue plan.** (Warden and Patrol is 100% with 50% spousal benefit; see handbook for details)

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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.

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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.**

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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.**

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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.**

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***Option 4A:** Lifetime benefit for the member only based only on the member's life expectancy. If the member's death occurs before receiving the benefit for 10- years, a beneficiary will receive the same monthly amount for the remaining time. You can have more than one primary and/or contingent beneficiary. Beneficiary can be a Trust.

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***Option 4B:** 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. If the member's death occurs before receiving the benefit for 20- years, a beneficiary will receive the same monthly amount for the remaining time. **This option is not available to Law Enforcement Plan, State Warden, Patrol and Criminal Investigation Plan, Paid Fire B Plan nor Air Guard Firefighter Plan.**

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Option 5: Single Lifetime Benefit without Beneficiary. This is a lifetime benefit for the member only and any remaining funds would revert to WRS. No Primary or Contingent Beneficiaries allowed.

STEP 8: SELF-FUNDED COST OF LIVING ADJUSTMENT

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%

STEP 9: 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.

STEP 10: STATE WITHHOLDING

☐ No state withholding
☐ WRS calculate my withholding for State of _____.

☐ I am Married ☐ I am NOT married

Number of Exemptions _____

☐ Withhold \$ ____ of my total benefit for State of _____.

OR

☐ Withhold Percent (%) of my total benefit for State of _____.

Intentionally left blank

STEP 11: BANK INFORMATION

Please fill in the information below OR provide a voided copy of a check with this application.

Account Type: ☐ Checking ☐ Savings

\$ _____ or % _____ of benefit to be deposited

Routing #: _____

Bank Name: _____

Account #: _____

Confirm Account #: _____

Account Type: ☐ Checking ☐ Savings

\$ _____ or % _____ of benefit to be deposited

Routing #: _____

Bank Name: _____

Account #: _____

Confirm Account #: _____

Intentionally left blank

STEP 12: SIGNATURE

The information contained in this application is true and accurate. I have selected the best benefit option for me and I 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).

NOTE: You may need to add an additional signature page if you or your spouse sign at different times. Both signatures require a notary.

Member's Signature _____ Date _____

Spouse's Signature _____ Date _____

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: _____