

RETIREMENT ESTIMATE REQUEST

(Revised 3/2025)

Instructions: You can receive an <u>estimate</u> of your retirement benefits by completing this form and returning it to the Wyoming Retirement System (WRS), logging into your online account at <u>https://pension.wyo.gov/</u>, by going to the online calculator on our website at <u>https://retirement.wyo.gov</u>. 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 improperly completed form will be returned to you.

ESTIMATE REQUEST INFORMATION						
PROJECTED RETIREMENT DATE (must be within 36 months)						
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		YEARS OF SERVIO	CE IN WRS		
			FULL-TIME:		PART-TIME/JOB-SHARE:	
SURVIVOR INFORMATION						
If you are interested in survivor options, please complete the following:						
BENEFICIARY'S NAME		RELATIO	RELATIONSHIP		BENEFICIARY'S DATE OF BIRTH	
REQUIRED SIGNATURE						
I understand the figures I will receive are estimated and subject to change once final contributions are received when I retire. I also understand that no further estimates may be requested for at least 12 months.						
			Date			
Return completed, signed form to:						
Wyoming Retirement System 2515 Warren Avenue Suite 450 Cheyenne, WY 82002						
If you have any questions, please call (307) 777-7691 and ask to speak to a benefit specialist.						
					USE ONLY ed Date and Initial:	