

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"

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

SECTION 1: PERSO	JNAL INFORMATION		
Social Secur	rity Number (SSN)		
Legal Name			
Address	Last Name	First Name	Middle Initial
Addres Date of birth	•	State Phone #	Zip
Email		Your email will set up online account emailed a Welcome Letter once you	t access & you will be
Please se	elect your pension plan:		
	 □ Public Employee Tier I or □ State Patrol, Warden, and □ Law Enforcement □ Judicial □ Fire B □ Volunteer Firefighter, EM □ Air Guard Fire 	d Criminal Investigator	
Please select your	Refund/Rollover Information. Your	decision is irrevocable.	
	Leave your money in your existing p	lan	
	Rollover your money to an eligible pl 402(c)(8)(B) (see IRS.Gov/pub/rollo		Revenue Code Section
	Take a full refund (A refund is a total interest if applicable. You will forfeit		
SECTION 2: MART	IAL STATUS		
☐ I am marri	ed		
☐ I am unma	arried		
Complete	if Married.		
Spouse Nar	ne	Spouse Date of Birth	
Spouse Soc	ial Security Number (SSN)		

SECTION 3: LAST WORK	KING DATE
Please enter your last wo	orking day below. WRS will confirm this date with your employer prior to releasing
SECTION 4: ROLLOVER	ELECTION (Remainder of partial rollovers will be refunded directly to the member)
	ial rollover. Please list the exact dollar amount (this must be over \$200). \$e remaining amount will be refunded directly to me.
I am electing a total	rollover
Revenue Code 402(c)(8)(institution will receive the	of Acceptance (LOA) from your Eligible Retirement Plan as defined by the Internal B). This letter is provided by the receiving rollover institution. The letter states the money you are electing to rollover and instructions of how the rollover funds will be letter must include a "make check payable to" instruction.
SECTION 5: STATE WIT	HHOLDING
	No State Withholding
	WRS Calculate my Withholding
	State:
may impose an addi	ly withhold twenty percent (20%) Federal Tax per IRS requirements. The IRS itional 10% income tax for early distribution. You will be responsible for lation when you file your taxes. If you want additional tax withheld, you must 4R.
SECTION 6: BANK INFO	RMATION
Account Type:	Checking Savings
Routing #:	
Bank Name	
Account #:	
Confirm Account #:	

SECTION 7: VESTED RESPONSE FORM AND ACKNOWLEDGEMENT

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.

SECTION 8: SIGNATURE

Date:

Scanned:

RAIN ID:

Initials:

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.

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)		
(spouse's name)		
(spouse's name)	is/are subscribed on the Retir	
(spouse's name)	is/are subscribed on the Retir	
(spouse's name)	is/are subscribed on the Retir	
(spouse's name) to be the person(s) whose name(s)	is/are subscribed on the Retire Seal:	rement Application attached:
(spouse's name) to be the person(s) whose name(s) Witness my official hand and seal.	is/are subscribed on the Retire Seal:	rement Application attached:

Updated 10/16/25