

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 W4-P form with your signature (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/.



	rity Number (SSN)				
Legal Name					
Address	Last Name		First Name	^	Middle Initial
Addiess	Street Address	City	State	Zip)
Date of Birth		Ph	one Number		
	email will set up online a				ons.
Please selec	ct the pension plan fro	m which vou are	retiring:		
		State Patrol, Wa Law Enforceme Judicial Fire B Volunteer Firefi	ent	·	ıe
: BENEEIT F		Guard Fire			
	EFFECTIVE DATE		lo oting your oo	diget pessible re	tiromont do
Please seled		date by either se	• .	•	
Please seled	EFFECTIVE DATE of your benefit effective of a later date. Note: If the	date by either se ne day you select	ed is before you	•	
Please seled	EFFECTIVE DATE of your benefit effective of a later date. Note: If the	date by either se ne day you select	ed is before you	•	
Please selector specifying date, our offi	et your benefit effective g a later date. Note: If the ice will contact you. Month	date by either sene day you select	ed is before you	ur earliest possib	
Please selector specifying date, our offi	EFFECTIVE DATE of your benefit effective of a later date. Note: If the lice will contact you.	date by either sene day you select	ed is before you	ur earliest possib	
Please selector specifying date, our office with the same obligation to	et your benefit effective g a later date. Note: If the ice will contact you. Month	date by either sene day you selected by the day of the day	ed is before you / / an individual had to work with an elevocable decision	year Year ave a bona fide an employer who employer can expect the employer can expect the employer who employer who employer can expect the employer expect the empl	separation participate cist. It is yo



STEP 5: MAR	ITAL STATUS					
If not marr	ried, skip this step.					
Spouse	e Name		Spou	se Date of Birth		
		mber (SSN)				
Spouse	e Godiai Gecurity Nu	ITIDEI (GGIV)				
STEP 6: BENI	EFICIARY INFORM	MATION				
		f a government issue ded for beneficiaries		f your beneficiaries.	. Please att	ach
TYPE	NAME	RELATIONSHIP	BIRTHDATE	SSN	PERCE	
PrimaryContingent					Primary	Contingent
☐ Primary☐ Contingent						
☐ Primary ☐ Contingent						
☐ Primary ☐ Contingent						
☐ Primary ☐ Contingent						
				Beneficiary Total:*	0 %	
* Sum of Prima	ry should equal 1009	%, and the sum of Cor	_	eneficiary Total:*	centage is lis	0%
	e made in equal sha		iangent enedia et	quai 10070. Il 110 por d		, tou,
/olunteer Fire	and Paid Fire B O	NLY: Please list ch	ildren under th	e age of 21		
Name_		SSN_		Date of B	Birth	
Name_		SSN_		Date of B	Birth	
Name_		SSN_		Date of B	Birth	
Name_		SSN_		Date of B	Birth	
Name_		SSN_		Date of B	Birth	
Name_		SSN_		Date of B	Birth	
Name_		SSN_		Date of B	Birth	
Name		SSN		Date of B	Rirth	



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

STEP 7: BENEFIT OPTIONS

An ID is required for all primary beneficiaries except for Option 5. *Only Options 1, 4a and 4b allow for a change of beneficiary after retirement.
*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)
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.
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.
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.
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.
*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.
*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.
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

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	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%				
STEF	P 9: FEDERAL INCOME TAX WITHHOLDING				
	WRS will automatically set your federal income tax withholding to a sadjustments. You need to complete IRS Form W-4P and attach it to this applike to withhold a different amount from your pension benefit.	•			
STEI	P 10: STATE WITHHOLDING				
	☐ No state withholding				
	☐ WRS calculate my withholding for State of	.			
	☐ I am Married ☐ I am NOT marri	ed			
	Number of Exemptions				
	☐ Withhold \$of my total benefit for State of	<u>.</u>			
	<u>OR</u>				
	☐ Withhold Percent (%) of my total benefit for State of	<u>.</u>			

Intentionally left blank



STEP 11: BANK INFORMATION

Please	e fill in the i	nformation be	low OR provide a voided copy of a ch	eck with this application.
Account Type:		Checking	☐ Savings	
\$	_ or %	of benefit	to be deposited	
R	touting #:			
В	ank Name	e:		
А	.ccount #:			
C	onfirm Ac	count #:		
Account Type:		Checking	☐ Savings	
\$	_ or %	of benefit	to be deposited	
R	outing #:			
В	ank Name	e:	_	
А	.ccount #:			
C	onfirm Ac	count #:		

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, thisda	y of 20	
by (member's name)		
(spouse's name) to be the person(s) whose name(s) is/a		
	Seal:	
Witness my official hand and seal.		
Notary Public Signature:		
Notary Public Print Name		
Commission expires:		