



STATE OF DELAWARE  
OFFICE OF PENSIONS

APPLICATION FOR  
WITHDRAWAL OF BENEFIT

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Name:	EMPID/SSN:
Phone Number:	Email Address:
Address:	

Delaware Public Employees' Retirement System

I have terminated my employment with \_\_\_\_\_  
(Name of Organization)

effective \_\_\_\_\_. I hereby request to receive a withdrawal benefit of the accumulated pension contributions, plus interest, standing to my credit in the Delaware Public Employees' Retirement System (DPERS). I understand my accumulated contributions, with interest, shall not be paid until the Office of Pensions has verified my total pension contribution (normally 45 days after the date of the last payroll check). I also understand that if the taxable portion of my refund exceeds \$200.00, I will need to file a Payment Disbursement Election Form (which will be mailed from the Office of Pensions within 7 business days of receipt of this WB-1 form). If I do not receive these forms 30 days prior to my scheduled refund date, I will contact the Office of Pensions.

I understand that if I terminate with a vested right to a pension, this vested right, as well as any obligation by DPERS to provide any further benefits or coverage, is forfeited upon submitting this application and receiving a refund of my accumulated contributions.

I further understand that the withdrawal of these contributions *terminates my membership* in DPERS and that if I later return to State service as a covered employee, I must, in order to reinstate my prior service credits, repay the total amount withdrawn plus penalty interest, at the rate established by the State Board of Pension Trustees.

\*A CLEAR (ENLARGED) COPY OF YOUR VALID DRIVER'S LICENSE OR PHOTO ID IS REQUIRED WITH THIS APPLICATION.

X \_\_\_\_\_  
SIGNATURE DATE

If name has changed, enter former name here: \_\_\_\_\_

Also, please submit a copy of your federally compliant driver's license or a copy of your social security card as it will be REQUIRED to process your name change.

ORGANIZATION REQUIREMENT

The applicant has indicated that he/she has terminated pension creditable employment with your organization and is requesting a refund of pension contributions. Please submit a Pension Creditable Compensation (PCC-1) form as soon as possible. We will be unable to process this refund until the PCC-1 is received.