STATE OF DELAWARE STATE BOARD OF PENSION TRUSTEES AND OFFICE OF PENSIONS MCARDLE BUILDING 860 SILVER LAKE BLVD., SUITE 1 DOVER, DE 19904-2402

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DELAWARE VOLUNTEER FIREMEN'S PENSION PLAN APPLICATION FOR WITHDRAWAL BENEFIT

I,		, Social Security #:	have terminated my
membership with		artment/Auxiliary)	
In accordance wir accumulated pens	h Title 16, Chapter 66A, Secti ion contributions, plus interest	on 6660, I hereby request to re t, standing to my credit in the V	eceive a withdrawal benefit of the Volunteer Firemen's Pension Fund. I hip in the Volunteer Firemen's
Please complete the following with regard to service credit:			
	I understand that I have less than 10 years of service credit and am not eligible to receive a pension nor do I have a vested right to a pension. Therefore, my accumulated contributions, with interest, shall be paid to the Fire Dept/Auxiliary for final settlement.		
	I have at least 10 years of service credit; however, I wish to waive my right to receive any pension benefits from the Volunteer Firemen's Pension Plan. My accumulated contributions, with interest, should be paid directly to me at the following address:		
*A COPY OF YOUR VALID DRIVER'S LICENSE OR PICTURE ID IS REQUIRED WITH THIS APPLICATION.			
Signature		Date	Phone #
If name has been changed, enter former name here and provide documentation:			

THE FOLLOWING TO BE COMPLETED BY FIRE DEPT / AUXILIARY

I hereby certify that the above applicant has terminated with the Volunteer Firemen's Pension Plan effective

Authorized Signature

Title

Date

Fire Dept/Auxiliary Name: _____ Dept ID: _____