

**STATE OF DELAWARE
OFFICE OF PENSIONS**

CONTRIBUTIONS RETENTION NOTICE

I, _____ EMPLID# _____, have terminated my employment
(Employee Name)
with _____ effective _____.
(Name of Organization) (Termination Date)

I hereby elect to leave my accumulated pension contributions in the Delaware Public Employees' Retirement System (DPERS) and continue to earn interest at a rate established by the Board of Pension Trustees. I have less than the required years of service in a pension covered position to collect a future pension. I understand that if I have more than the required years of service in a pension covered position, I must file a vested pension application through my organization's Human Resources Office.

Also, by leaving the contributions in DPERS, I retain my status as a member of the Retirement Plan should I later return to service in a pension covered position and subsequently accumulate sufficient years to restore my prior service credits.

I understand that by leaving my contributions in the Retirement Fund, I must notify the Office of Pensions of any address or name changes during the period this election is in effect.

Signature: _____ Telephone #: _____

Address: _____

THE FOLLOWING TO BE COMPLETED BY ORGANIZATION

I hereby certify that the above applicant has terminated employment with this organization effective _____
(Termination Date)
and that this employee does not have the required years of service in a pension covered position to receive a future pension.

Authorized Signature

Title

Name of Organization

Date