



STATE OF DELAWARE
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SIGNATURE AUTHORIZATION

AGENCY /SCHOOL NAME: _____ AGENCY NO: _____
ADDRESS: _____

Documents as follows:

- WB-1 Withdrawal of Pension Contributions
- DB-1 Application for Death Benefit Payment

AUTHORIZED SIGNATURES (Please Type and Write)

NAME (TYPE)	NAME (WRITE)
TITLE	TELE NO
NAME (TYPE)	NAME (WRITE)
TITLE	TELE NO
NAME (TYPE)	NAME (WRITE)
TITLE	TELE NO

Documents as follows:

- AP Application for Service, Survivor, Disability, State Police and State Judiciary Pensions
- EM-1 Employability Form (for Disability Applications)
- PCC-1 Creditable Compensation
- VS-1 Verification of State of Delaware Service

AUTHORIZED SIGNATURES (Please Type and Write)

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