FORM WB-F
(Rev. 8/06)

STATE OF DELAWARE

STATE BOARD OF PENSION TRUSTEES
AND
OFFICE OF PENSIONS

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DELAWARE VOLUNTEER FIREMEN'S PENSION PLAN
APPLICATION FOR WITHDRAWAL BENEFIT

I, _____, Social Security #: _____have terminated my

membership with _____ effective _____
(Name of Fire Department/Auxiliary)

In accordance with Title 16, Chapter 66A, Section 6660, I hereby request to receive a withdrawal benefit of the accumulated pension contributions, plus interest, standing to my credit in the Volunteer Firemen's Pension Fund. I understand that the withdrawal of these contributions terminates my membership in the Volunteer Firemen's Pension Plan.

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 my employer for final disposition.

☐ 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: _____ **Agency DDS#:** _____