

REGISTRATION FORM

Completed form **must be** received within 10 business days of employment and allow 5 business days for processing.

WRS Retirement Number ↓

SSN: _____

Legal Name (as shown on your social security card): _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Mailing Address) (City) (State) (Zip)

Sex: M ___ F ___ Date of Birth: _____ Telephone Number: (____) _____

Email address: _____

BENEFICIARY DESIGNATION - Please complete the Beneficiary Designation on Page 2.

PREVIOUS WYOMING RETIREMENT SYSTEM CONTRIBUTION INFORMATION

Were contributions previously made to the Retirement System? Yes No If yes, provide information below.

Previously employed by:

1) Agency Name: _____ Date from _____ to _____

2) Agency Name: _____ Date from _____ to _____

3) Agency Name: _____ Date from _____ to _____

Contributions were: Withdrawn Left on Deposit, and made under the name(s) of _____

▶ If you are drawing a monthly benefit from the same Plan for which you are registering, please complete form WRS-9 ◀

My employer and I have discussed my job duties and have determined I am eligible to participate in the Retirement Plan marked below. I understand that if I am placed in the wrong plan, my benefit will be affected at retirement.

X _____
Signature of Applicant Date

Must be completed by Employer

Employer Name _____ Employee's Job Title _____

WRS/Agy Number _____ Monthly Salary or Hourly Rate \$ _____

Employment Date _____ IF CONTRIBUTIONS DO NOT START AT THE TIME OF EMPLOYMENT, PLEASE INDICATE DATE CONTRIBUTIONS WILL BEGIN AND EXPLAIN THE DISCREPANCY _____

PLEASE MARK WHICH RETIREMENT PLAN AND INDICATE FULL-TIME OR PART-TIME:
(Participating in the wrong Retirement Plan will affect your employee's benefit at retirement)

- Regular Retirement Plan Full-Time
- State AWEC Regular Part-Time (as defined by your agency and approved by WRS)
- Judicial Plan
- Law Enforcement Plan (must be POST certified AND meet the definition of a law enforcement officer as defined by W.S. 9-3-402)
- Paid Fire Plan
- Warden/Patrol/DCI/Capitol Police Plan
- Guard Firefighter

X _____
Authorized Employer Signature Date

Phone Number: _____

WRS Office Use Only

Tier 1 Tier 2

Entered: _____

Verified: _____

Beneficiary Information

Primary Beneficiary

Sole Beneficiary:

You may designate one individual as sole beneficiary. When a sole beneficiary is designated, payment options depend upon the member's length of credited service.

Multiple Beneficiaries:

You may designate more than one beneficiary. When multiple beneficiaries are designated, monthly retirement benefits ARE NOT an option and payments will be made in a lump-sum only. When multiple beneficiaries are designated, the lump-sum payment will be made to the beneficiaries in equal shares unless otherwise specified in writing to the Wyoming Retirement System.

Alternate/Contingent Beneficiaries

You may designate one or more alternate/contingent beneficiaries. Should your primary beneficiary(ies) not survive you, payments will be made to your alternate beneficiary(ies) as specified.

If your beneficiaries are deceased at the time of your death or you do not designate a beneficiary, a lump-sum payment will be made to your estate. If you choose to list your estate or trust as beneficiary, a monthly retirement benefit is not available.

(If you are married and a member of the Law Enforcement Plan, Warden/Patrol/DCI Plan, or Paid Firemen's Pension Fund, your spouse MUST be your primary beneficiary.)

Primary Beneficiary

Name _____ SSN _____ Relationship _____ DOB _____ % _____
 Name _____ SSN _____ Relationship _____ DOB _____ % _____
 Name _____ SSN _____ Relationship _____ DOB _____ % _____

Alternate/Contingent

Name _____ SSN _____ Relationship _____ DOB _____ % _____
 Name _____ SSN _____ Relationship _____ DOB _____ % _____
 Name _____ SSN _____ Relationship _____ DOB _____ % _____

Important Notice:

Benefits provided under the pension plans administered by the Wyoming Retirement System represent merely one aspect of a member's retirement financial planning and should not be expected to replace one hundred percent (100%) of the member's pre-retirement income. Cost-of-living and other benefit increases are not incorporated into a member's benefit, emphasizing the importance for members to build additional resources for retirement income, such as personal savings. Additionally, pursuant to Wyo. Stat. 9-3-428, although members have a nonforfeitable interest in their accrued and funded benefits, the State of Wyoming is statutorily obligated only for the contributions required by the Wyoming Retirement Act.

<i>WRS Office Use Only</i>
Entered: _____ Verified: _____

 Applicant's Name (please print)

 Social Security Number

X _____
 Signature of Applicant

 Date