Velda Jones-Potter
City Treasurer

City of Wilmington

Louis L. Redding City/County Building
800 French Street
Wilmington, Delaware 19801-3537
(302) 576-2480
treasurer@wilmingtonde.gov

RETIREMENT BENEFIT APPLICATION FORM

PLAN I ◯ PLAN II ◯ PLAN III ◯

Name: _____ SSN: _____

Department: _____ Employee #: _____

Date of Birth: _____ *(attach birth certificate or Federal Compliant Driver's License)*

Home Address: _____

Name of Spouse: _____ *(attach marriage license, if applicable)*

Spouse's Date of Birth: _____

Type of Retirement *(check one)*

Normal ◯ Early ◯ Disability ◯

Date of Employment: _____ Date of Termination: _____

_____ _____
Signature of Pensioner Participant Date

_____ _____
Department Head Signature Date

. . . . . .

Filed with the Board of Pensions and Retirement on: _____

Acknowledged as received and filed by:

_____ _____
Chairman, Board of Pensions and Retirement Date

Upon completion, please forward to Treasurer's Office.