

## West Virginia Consolidated Public Retirement Board (CPRB)

601 57<sup>th</sup> Street SE, Suite 5 Charleston, WV 25304 304-558-3570 or 800-654-4406 *www.wvretirement.com* 

## Deputy Sheriff Retirement System (DSRS)

Benefit	Estimate	Request
---------	----------	---------

Please complete and return the following information to this office to obtain an estimate of your retirement benefits. Upon receipt of this information, CPRB will prepare an estimate of your retirement benefits.

Important Notice: An estimate is merely advisory in nature and is not binding upon either the CPRB or the Member.

Section 1: Employee Information									
Full Name		D	ate of Birth	SSN		CPRB ID			
Mailing Address		C	ity	I	State		Zip Code		
Email		н	ome Telephone		Mobile Telephone				
Section 2: Employment and Service									
Current Employer Work Teleph			none Number			Number of Years of Service			
Your effective date of retirement is the first 1) the Board's receipt of your voluntary a 2) your termination of covered employmed 3) your attainment of retirement eligibilit Indicate the date(s) you anticipate termination	pplication t ent; and y. ng employr	o retire: nent (mu	st provide date for						
Do you currently have an outstanding loan b If you have an outstanding loan balance at th 1. Pay the full balance of the loan, includi 2. Permanently have your annuity actuar	ne time of y ng accrued	our retire interest,	before the effectiv	ve date of your re	irement	t; or	-		
Do you have military service?YesNoHas your military service been credited in another retirement administered by CPRB?YesNo						tirement system			
If you would like to use unused sick and/or	annual leav	ve for add	litional service cre	dit, list total numl	per of ur	nused days	:		
Annual Leave	Days		Sick Leave	Days					
Section 3: Retirement Beneficiary I	nformatio	<b>n -</b> Indic	ate the person you	u anticipate to na	ne as be	eneficiary u	ipon retirement		
A non-spouse beneficiary who is ten (10) or Joint and Survivor Annuity over 50% in m designation.									
Beneficiary Name		Beneficiary Date of Birth				Relationshi	р		
Section 4: Authorization					·				
Signature				Date					
Comments:				·					