

West Virginia Consolidated Public Retirement Board (CPRB)

601 57th 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, the 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	Date of B	irth	SSN		CPRB ID	
Mailing Address	City			State		Zip Code
Email	Home Te		Mobile Telephone			
Section 2: Employment and Service						
Current Employer	Work Telephone Number			Number of Years of Service		
Your retirement date is the first day of the calendar m 1) the Board's receipt of your voluntary application to 2) your termination of covered employment; and 3) your attainment of retirement eligibility. Indicate the date(s) you anticipate terminating employments	retire;		estimate):			
Do you have an outstanding loan balance with DSRS? If you have an outstanding loan balance at the time of 1. Pay the full balance of the loan, including accrued in 2. Permanently have your annuity actuarially reduced	nterest, <u>be</u>	efore the effective date	of your retiren	nent; c	or	_
Do you have military service? Yes No (If yes, please enclose a copy of your DD-214 form.)	Has your military service been credited in another retirement system administered by CPRB? Yes No					
If you would like to use unused sick and/or annual leav	ve for addi	tional service credit, list	t total number	of unu	ised day	s:
Annual Leave Days Sick Leave Days						
Section 3: Retirement Beneficiary Information	on - Indica	ate the person you antio	cipate to name	as bei	neficiary	upon retirement
A non-spouse beneficiary who has an insurable interesto be named as primary beneficiary for any Joint and				younge	er than y	ou may not be eligible
Beneficiary Name		Beneficiary Date of Birth		Relationship		
Section 4: Authorization						
Signature	Date					
COMMENTS:						
					1	WVDF0604 March 8, 2021