



Retirement Estimate Request

Wisconsin Department
of Employee Trust Funds
801 W Badger Road
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

| | | | |
|--|--------|-------------------------------------|--|
| Name (Last, First MI, Previous/Maiden) | | Member ID or Social Security Number | |
| Street Address | E-mail | Birth Date (MM/DD/CCYY) / / | |
| City | State | ZIP Code | Telephone Number(s) Home: () Work: () Cell: () |
| Employer | | | |

Note: This is *not* an application for benefits or a beneficiary designation.

Requesting Retirement Estimate Application: fill in appropriate section(s)

This information is necessary to calculate your retirement estimates.

Estimates cannot be calculated without the information below. Estimates will only be provided 12 months in advance of your anticipated termination date.

Your anticipated termination date (MM/DD/CCYY):* _____ / _____ / _____

* This does **not** commit you to retiring on that date, but we must have a date to use in the calculations.

Calendar Year

(For use by all, **except** teachers, educational support staff and justices.)

Last year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____

This year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____

Fiscal Year

(For use by teachers, educational support staff and justices.)

7/1/____ - 6/30/____ \$ _____

7/1/____ - 6/30/____ \$ _____

Do you work: Full time Part time _____% FTE

Do you have active military service prior to 1/1/1974? No Yes If yes, send a copy of your military discharge papers with this request (i.e., DD-214) if you have not previously done so. If service is after 1973, please see the *Military Service Credit* brochure (ET-4122) regarding USERRA.

Named Survivor Information: (This information is needed to calculate joint and survivor estimates and is *not* a beneficiary designation.)

Name: _____ Birth Date: _____ / _____ / _____

Relationship to Participant: _____

(If not spouse, all joint and survivor options may not be available.)

Requesting Other Information: check applicable box(es)

Cost of purchasing forfeited service (service forfeited if you previously closed your account by taking a separation benefit)

Approx. begin/end dates of service you forfeited: _____ Name(s) used: _____

Name of former employer(s): _____

Other: _____

| | |
|--------------------------|--------------------|
| Date (MM/DD/CCYY) / / | Employee Signature |
|--------------------------|--------------------|

Visit our Internet site at etf.wi.gov for information on retirement benefits, calculators and other learning opportunities.

