



# Retirement Estimate Request

Wisconsin Department  
of Employee Trust Funds  
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: ( )		
Employer			Work: ( ) Cell: ( )		

**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](http://etf.wi.gov) for information on retirement benefits, calculators and other learning opportunities.