

SIGNATURE AUTHORIZATION FOR MEMBER REFUND REQUESTS



VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
 Toll Free 1-888-VARETIR (827-3847)
 www.varetire.org

1. Employer Code
2. Employer Name

Complete this form to identify payroll and/or human resources employees who are authorized to sign Requests for Refund (VRS-3) for terminating members on the employer's behalf. By signing the VRS-3, the authorized employee certifies that 1) the terminating member meets the eligibility requirements to qualify for a refund of the member contribution account and 2) the member's signature has been verified. Primary responsibility for authorizing VRS-3 forms rests with the first authorized employee listed in Part A.

NOTE: Please notify VRS immediately of any change of authorization by submitting an updated VRS-3S.

PART A. AUTHORIZED EMPLOYEE SIGNATURE

Signature	Type/Print Name	Position/Title

PART B. EMPLOYER AUTHORIZATION

VRS accepts this form only if authorized by the administrative authority responsible for the employer code as identified on the Authorization of Administrative Contacts (VRS-67). VRS reserves the right to deny any Request for Refund (VRS-3) that appears improperly authorized.

The employees listed on this form are authorized to certify VRS member refund requests for the employer code identified above. I understand I am responsible for updating this signature authorization in a timely manner and I certify that I have the authority to designate these individuals as indicated in the instructions above.

_____	_____
Authorized Signer (Printed/Typed Name)	Title
_____	_____
Authorized Signature	Date
_____	_____
Phone Number	Fax Number
Employer Mailing Address: _____	

