

DESIGNATION OF BENEFICIARY – CONTINUATION

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

1. Social Security Number
2. Employer Code

Use this form to designate additional beneficiaries when the number of beneficiaries you desire exceeds the number allowed on the Designation of Beneficiary (VRS-2).

Complete this form at the same time you complete the VRS-2. This form may *only* be used at the time a VRS-2 is completed; you *cannot* submit a VRS-2A to add to a VRS-2 that is already on file with VRS.

3. Name	(First)	(MI)	(Last)	(Jr./Sr.)	4. Birth Date
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PART B. VRS BASIC AND OPTIONAL LIFE INSURANCE – CONTINUATION

List additional beneficiaries for basic and optional life insurance in the area below that were not included on the VRS-2 being submitted with this form.

Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)					Social Security Number
Address (Street)		(City)		(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship		Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)					Social Security Number
Address (Street)		(City)		(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship		Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)					Social Security Number
Address (Street)		(City)		(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship		Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)					Social Security Number
Address (Street)		(City)		(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship		Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)					Social Security Number
Address (Street)		(City)		(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship		Birth Date	

5. Member SSN:

PART C. ACCUMULATED VRS MEMBER ACCOUNT RETIREMENT CONTRIBUTIONS – CONTINUATION

List additional beneficiaries for VRS member account retirement contributions in the area below that were not included on the VRS-2 being submitted with this form.

Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	
Full Name (Person or Estate) (First) (MI) (Last) (Jr./Sr.)				Social Security Number
Address (Street)		(City)	(State)	(Zip)
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date	

PART D. CERTIFICATION OF CONTINUATION

Member Certification

This is a continuation of the Designation of Beneficiary (VRS-2) under my signature and dated _____.
(mm/dd/yyyy)

This continuation form is being submitted with the aforementioned VRS-2.

Member Signature

Date