

DESIGNATION OF BENEFICIARY – CONTINUATION

VIRGINIA RETIREMENT SYSTEM
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| |
|---------------------------|
| 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 |
|----------------|---------|------|--------|-----------|----------------------|

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