NAME/ADDRESS DECLARATION FOR DEFERRED MEMBERS

VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500
Richmond, Virginia 23218-2500
Toll Free 1-888-VARETIR (827-3847)
Fax 804-786-9718
www.varetire.org

Clear Form

1. Social Security Number
2. Daytime Phone Number
3. Termination Date

Complete this form to notify VRS of your mailing address when you leave a VRS-covered position if you choose not to take a refund of your VRS member contribution account. Keeping your address current with VRS, when you are not actively employed, ensures you receive information from VRS including your annual member account statement.

Also use this form to notify VRS if your name changes. Please allow 30 days for changes to become effective.

Did you know you can change your address using *my*VRS, an online service for members? Using *my*VRS, you can also review your account, see your most recent Member Benefit Profile (MBP) and estimate your monthly retirement benefit. To begin using this service, go to the VRS Web site (www.varetire.org) and select *my*VRS.

Please type or print clearly.

4. Name (As Reported to VRS) (First) (MI) (Last) (Jr./Sr.)

5. Has your name changed?

❑ Yes ❑ No If Yes, enter your new name below and provide legal proof of your new name (e.g., court order, marriage certificate, divorce decree).

Enter new name: _____

6. Are you notifying VRS of your address?

❑ Yes ❑ No If Yes, enter your address below.

Enter your address:

Street Address: _____

City, State and ZIP+4 Code: _____

7. Authorization

_____ _____

Member Signature Date

Note: Remember to notify VRS anytime your name or address changes.