REQUEST FOR PLAN-TO-PLAN TRANSFER TO ORP

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

Complete this form to request a transfer of your contributions and interest to your Optional Retirement Plan. Then forward the request to your employer for certification. Your employer will complete Part B and send the form to VRS.

Note: A plan transfer cancels your VRS benefits. If you have five or more years of service, VRS recommends you understand the future benefits you lose with this transfer. You can estimate your VRS retirement benefit using *my*VRS at www.varetire.org.

PART A. MEMBER INFORMATION (Please print)

3. Name (First, Middle Initial, Last)

4. Address (Street, City, State and Zip+4)

5. Daytime Phone Number

6. Date of Birth

7. Plan Selection for VRS-Administered Optional Retirement Plan (Check one)

❑ TIAA-CREF Plan: 101850 ❑ Fidelity Investments Plan: 89775 ❑ VRS ORP for Political Appointees Plan: 650273 ❑ VRS ORP for School Sup. Plan: 650274

Account/Contract Number: _____

8. Plan Selection for State University Optional Retirement Plan (Check one)

❑ Virginia Tech ❑ George Mason ❑ UVA ❑ VCU

Plan Name _____ Plan Record Keeper _____

Account/Contract Number _____ Plan Number _____ Phone Number _____

Address/City/State/Zip+4 _____

9. Signature My signature certifies that I request a plan-to-plan transfer and waive any rights or entitlements which have accrued under the VRS plan as a result of these contributions.

Member Signature _____ Date _____

PART B. EMPLOYER CERTIFICATION

I certify this employee has elected to participate in the Optional Retirement Plan and is eligible for a plan-to-plan transfer of funds.

Human Resources Authorization

Signature _____

Phone Number _____ Date _____

Payroll Authorization

Signature _____

Phone Number _____ Date _____

VRS Use Only

Period covered by transfer:

From: _____ To: _____