

REQUEST FOR TRANSFER OF REFUND TO OPTIONAL RETIREMENT PLAN

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. Social Security Number

To request your refund be transferred to your Optional Retirement Plan:

1. Complete Boxes 1 through 7 and sign in Box 8.
2. Attach a copy of a legal document showing your Social Security Number (e.g., a copy of your Social Security card).
3. Forward the request to your employer for certification. Your employer will complete Part B and submit to VRS at the address shown above.

Note: A plan transfer cancels your VRS benefits. If you have five or more years of service, VRS recommends you request an estimate of your future benefits lost with this transfer.

PART A. MEMBER INFORMATION (Please print)

3. Name	(First)	(Middle)	(Last)	(Jr./Sr.)
4. Address	(Street)	(City)	(State)	(Zip+4)
5. Daytime Phone Number	6. Date of Birth			
7. Plan Information I request my contributions and interest be transferred to the Optional Retirement Plan listed below.				
Name of Plan			Account Number	
Plan Trustee/Record Keeper			Telephone Number	
Address				
City/State/Zip				
8. 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	Payroll Authorization		
Signature	Signature		
Phone Number	Date		Date

