

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 *myVRS* 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) <input type="checkbox"/> TIAA-CREF Plan: 101850 <input type="checkbox"/> Fidelity Investments Plan: 89775 <input type="checkbox"/> VRS ORP for Political Appointees Plan: 650273 <input type="checkbox"/> VRS ORP for School Sup. Plan: 650274 Account/Contract Number: _____	
8. Plan Selection for State University Optional Retirement Plan (Check one) <input type="checkbox"/> Virginia Tech <input type="checkbox"/> George Mason <input type="checkbox"/> UVA <input type="checkbox"/> 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: _____

