

REQUEST FOR REVIEW OF MEMBERSHIP RECORDS



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

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|---------------------------|
| 1. Social Security Number |
| 2. Daytime Phone Number |

Complete this form if you determine the information on your Member Benefit Profile is inaccurate. Please send a copy of your profile document to VRS when you submit this form to report the correct information.

VRS will research the items you report below and will respond to your request in writing.

Please type or print clearly.

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| 3. Name (First, Middle Initial, Last) |
| 4. Address (Street, City, State and Zip+4) |
| 5. Check and complete all that apply <input type="checkbox"/> My Social Security number should be: _____ (Please provide a copy of your Social Security card or other legal evidence of your correct Social Security number.) The Social Security number reflected on my statement is: _____ <input type="checkbox"/> My birth date should be: _____ (If the year is incorrect, please attach legal evidence of your year of birth.) <input type="checkbox"/> My membership date should be: _____ <input type="checkbox"/> My service should be: _____ years and _____ months <input type="checkbox"/> My account balance should be: _____ <input type="checkbox"/> Other: _____ _____ _____ |
| 6. Member Signature _____ Signature Date |

Reminder: Send a copy of your Member Benefit Profile to VRS when you submit this form.

