CHANGE TO CERTIFICATION FOR RETIREMENT

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

Clear Form

1. Social Security Number
2. Employer Code
3. Employer Name

Important: Complete this form *in its entirety* when a change to an original retirement application is required.

4. Name (First, Middle Initial, Last)

5. Type of Retirement (Choose one) ❑ Service ❑ Disability

6. Revised Retirement Application Data

a. Effective date of retirement has changed to (mm/dd/yyyy): _____

b. Last month the member's creditable compensation will be reported to VRS (mm/yyyy): _____

c. Last monthly creditable compensation amount to be reported to VRS for retirement: $ _____
NOTE: For educational employees, break down the amount to show the regular monthly creditable compensation and any pay up.

d. Last retirement contribution to be submitted: $ _____
NOTE: This should represent only 5 percent of creditable compensation noted above.

e. Last annual salary rate (reported for group life insurance purposes): $ _____

f. Date last annual salary rate became effective (mm/dd/yyyy): _____

g. Member is currently on leave of absence without pay? ❑ Yes ❑ No

If yes, enter effective date of leave (mm/dd/yyyy): _____

h. Additional Comments

7. Human Resources Authorization

Signature

Phone Number Date

8. Payroll Authorization

Signature

Phone Number Date

9. Contact Information

Print the contact information for the person to whom VRS should direct questions regarding this application.

Name E-mail Address Phone Number

VRS-49 (Rev. 02/11)