

# AUTHORIZATION TO DISCUSS VRS ACCOUNT INFORMATION



VIRGINIA RETIREMENT SYSTEM  
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500  
Toll Free 1-888-VARETIR (827-3847)  
[www.varetire.org](http://www.varetire.org)

1. Social Security Number

2. Home Phone Number

Complete this form to allow Virginia Retirement System (VRS) representatives to speak to the individual(s) you list below regarding your benefits under VRS and your account information. The listed individual(s) may only discuss your benefits and account information; they may not take actions that affect your account.

**Note:** Completing this form does *not* allow VRS representatives to discuss the following types of information with anyone other than the member: bank account and bank routing numbers, medical records, beneficiary information, or details of Approved Domestic Relations Orders. To allow individuals to take actions on your behalf, you may prefer to complete a VRS Durable Power of Attorney (VRS-901), which is available on the VRS Web site at [www.varetire.org](http://www.varetire.org).

## Important Information:

- This authorization expires two years from the date of the notary signature.
- You do not need to complete this form if a Durable Power of Attorney is on file at VRS.

## PART A. MEMBER INFORMATION

3. Name (First, Middle Initial, Last)

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

5. Member Status  Retiree  Member  Other, please explain:

## PART B. AUTHORIZATION OF INDIVIDUALS

List the individual(s) to whom VRS representatives may speak regarding your VRS retirement benefits and account information.

Individual's Full Name

Relationship to You

Last 4 Digits of SSN

Birth Date

I hereby authorize VRS representatives to discuss information about my VRS retirement benefits and member account information with the individuals named above. I understand this authorization expires two years from the date of my signature below.

*(Place photographically reproducible seal below)*

Signature

TO BE COMPLETED BY NOTARY

or by other Court Official authorized to take acknowledgments:

STATE OF \_\_\_\_\_

City/ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

the member whose name is signed above, personally appeared before me and acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

Commission Expiration Date

Notary Signature

Registration No. (VA Notary Only)

