

DESIGNATION OF BENEFICIARY – CONTINUATION



VIRGINIA RETIREMENT SYSTEM
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 www.varetire.org

1. Social Security Number
2. Employer Code

Use this form to designate additional beneficiaries when the number of beneficiaries you desire exceeds the number allowed on the Designation of Beneficiary (VRS-2).

Complete this form at the same time you complete the VRS-2. This form may *only* be used at the time a VRS-2 is completed; you *cannot* submit a VRS-2A to add to a VRS-2 that is already on file with VRS.

3. Name (First, Middle Initial, Last)	4. Birth Date
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PART B. VRS BASIC AND OPTIONAL LIFE INSURANCE – CONTINUATION

List additional beneficiaries for basic and optional life insurance in the area below that were not included on the VRS-2 being submitted with this form.

Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date

PART C. VRS DEFINED BENEFIT MEMBER ACCOUNT RETIREMENT CONTRIBUTIONS – CONTINUATION

List additional beneficiaries for VRS defined benefit member account retirement contributions in the area below that were not included on the VRS-2 being submitted with this form.

Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date

PART D. CERTIFICATION OF CONTINUATION

<p>Member Certification</p> <p>This is a continuation of the Designation of Beneficiary (VRS-2) under my signature and dated _____. <small>(mm/dd/yyyy)</small></p> <p>_____</p> <p>Member Signature</p>
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<p>5. Social Security Number</p>
