

# 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](http://www.varetire.org)

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.**

3. Name (First, Middle Initial, Last)

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

5. Check and complete all that apply

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: \_\_\_\_\_

My birth date should be: \_\_\_\_\_

(If the year is incorrect, please attach legal evidence of your year of birth.)

My membership date should be: \_\_\_\_\_

My service should be: \_\_\_\_\_ years and \_\_\_\_\_ months

My account balance should be: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Member Signature

Signature

Date

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

