

# APPLICATION FOR SERVICE RETIREMENT



VIRGINIA RETIREMENT SYSTEM  
P.O. Box 2500 ♦ Richmond, VA 23218-2500  
Toll-free 1-888-827-3847  
Fax 804-786-9718  
[www.varetire.org](http://www.varetire.org)

1. Social Security Number
2. Retirement Date (Enter month and year) / 01 /
3. Check One <input type="checkbox"/> Original Application <input type="checkbox"/> Revised Application

## PART A. MEMBER INFORMATION

4. Name (First, Middle Initial, Last)		
5. Address (Street, City, State and ZIP+4)		
6. Are you a Virginia resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. U.S. Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien (Marking this box certifies your status as non-resident alien and that you are not a U.S. citizen or resident alien.)	
8. Marital Status for Retirement Purposes <input type="checkbox"/> Never Married <input type="checkbox"/> Married or Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced – Date of Divorce _____ (mm/dd/yyyy)		
9. Phone Number	10. Birth Date (mm/dd/yyyy)	11. Email Address
12. Do you intend to make a lump-sum purchase of service credit prior to retirement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Will you be purchasing service credit with a sick leave payment? ( <i>Irrevocable option</i> )		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. VSDP Participants Only: Will you be converting disability credit to service credit when you retire? ( <i>Irrevocable option</i> )		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Will you be terminating all full-time and part-time employment eligible for coverage under VRS, including employment covered by an optional retirement plan, as well as terminating any part-time employment not eligible for coverage under VRS with the employer from which you are retiring as of your retirement date? ( <i>See instructions for more information</i> )		<input type="checkbox"/> Yes <input type="checkbox"/> No



16. SSN

**PART B. PAYOUT OPTION SELECTION**

**17. Retirement Payout Option (Choose only one)**

- Basic Benefit
- Basic Benefit with a Partial Lump-Sum Option Payment (PLOP)
- Advance Pension Option w/ \_\_\_\_\_ as the age at which my benefit should decrease
- Survivor Option with \_\_\_\_\_ % payable to survivor
- Survivor Option with \_\_\_\_\_ % payable to survivor and a Partial Lump-Sum Option Payment (PLOP)

**18. If you selected an option including a PLOP payment, choose the number of months to be represented by the payment:**

- 12 months
- 24 months
- 36 months

Do you intend to roll the funds into an IRA or other qualified plan?  Yes  No

(Review the IRS 402(f) – Special Tax Notice at [www.varetire.org/forms](http://www.varetire.org/forms) to learn about rollovers and direct payments)

**PART C. SURVIVOR INFORMATION (Complete if payout option in Part B is a Survivor Option.)**

Your survivor is the person to whom your monthly retirement benefit will continue upon your death. (This is different than naming a beneficiary on the VRS-2.)

**19. Survivor's Name** (First, Middle Initial, Last)

**20. Relationship**

- Spouse
- Other

**21. Survivor's Birth Date** (mm/dd/yy)

**22. Survivor's SSN**

**23. Survivor's Gender**

- Male
- Female

**24. Survivor's U.S. Citizenship**

- U.S. Citizen
- Resident Alien
- Non-resident Alien (Marking this box certifies your status as non-resident alien and that you are not a U.S. citizen or resident alien)

**PART D. CERTIFICATION**

**Member Certification**

I hereby certify: 1) All information I provide in this document is true and I understand that any willful falsification of facts presented may result in prosecution as provided by law, 2) I have read and understand the service retirement information in the *Handbook for Members*, 3) I will terminate all full-time positions with VRS employers prior to my retirement and 4) I will not return to work in a part-time position with my current employer following my retirement date for at least one full calendar month during which I would normally work. Additionally, I agree that, in the event that VRS pays retirement benefits in excess of those to which I am entitled, I or my estate will repay the excess to VRS. By signing this form, I hereby assign to VRS any VRS group life insurance benefits that may be payable as a result of my death to secure repayment of any such retirement benefit overpayment.

If I selected a monthly benefit with a PLOP payment, my signature also certifies that: 1) I have reviewed and understand the IRS 402(f) Special Tax Notice; 2) I understand a 20 percent federal tax is withheld from the taxable portion of the payment made to me and, if I am a resident of Virginia, an additional four percent state tax is withheld; 3) I may be subject to an additional 10 percent federal tax penalty on the taxable portion of the payment and 4) I confirm the payment(s) and/or rollover(s) as shown above.

I hereby authorize VRS to deposit my monthly retirement benefit payment directly to my account at the financial institution shown in Part F. I agree to provide written notification to VRS within 30 days of any changes to this information so that my monthly benefit may be properly distributed. I also authorize VRS to make adjustments to my account to correct any credit entries made in error.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**Spouse Certification (Required if married or separated)**

I have read and understand the retirement payout options available under VRS. I am aware of and understand the retirement payout option selected by my spouse and if my spouse chose a Survivor Option, the survivor benefits will be provided to the person named in Part C. Further, I am aware that counseling regarding the payout options is available.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**PART E. PLOP PAYMENT SELECTIONS**

You may choose to have your PLOP payment paid to you or rolled over, or you may choose a combination of both. Funds being paid directly to you will be deposited into the account you enter in Part F for your monthly benefit.

Make your selections below indicating the percentage of funds paid directly to you and the percentage to be rolled over.

- Check this box if you do not have an account where we can deposit the portion of your PLOP payment being rolled over, or if you are unsure how you want the funds paid.

(VRS will send you a letter by U.S. postal mail requesting this information when we are processing your retirement. Please note, this may delay processing of your retirement and receipt of your PLOP payment.)

**Non-taxable funds to be paid to you and/or rolled over:**

\_\_\_\_\_ % paid directly to me  
 + \_\_\_\_\_ % paid to the institution accepting **non-taxable**  
 funds as a rollover  
 = 100 % Total **non-taxable** funds

**If you elect to roll a portion of the non-taxable funds, provide financial institution information below:**

\_\_\_\_\_  
 IRA Custodian/Employer Plan Trustee

\_\_\_\_\_  
 Plan Name (State Employees Only)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State/Zip

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Phone Number

Type of Account (One Choice Required):

- IRA       Other Qualified Plan  
 401(a)     401(k)     403(b)

**Taxable funds to be paid to you and/or rolled over:**

\_\_\_\_\_ % paid directly to me  
 + \_\_\_\_\_ % paid to the institution accepting **taxable** funds as a  
 rollover  
 = 100 % Total **taxable** funds

**If you elect to roll a portion of the taxable funds, provide financial institution information below:**

\_\_\_\_\_  
 IRA Custodian/Employer Plan Trustee

\_\_\_\_\_  
 Plan Name (State Employees Only)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State/Zip

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Phone Number

Type of Account (One Choice Required):

- IRA       Other Qualified Plan  
 401(a)     401(k)     403(b)     457

26. SSN

**PART F. ACCOUNT FOR DIRECT DEPOSIT OF MONTHLY BENEFIT**

Your monthly benefit is deposited into the account you identify below. **Note:** If you selected a payout option that includes a PLOP payment, any PLOP funds being paid directly to you also are deposited in the account below.

<b>27. Financial Institution Name</b>	<b>28. Account Type (Choose one)</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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**29. Financial Institution Account Information**  
Provide a voided check with the correct routing information and account number. To ensure the information you provide is accurate, you may wish to contact your financial institution.

**TAPE VOIDED CHECK WITHIN THE LINES OF THIS BOX**

**PART G. MONTHLY BENEFIT TAX WITHHOLDING**

**30. FEDERAL INCOME TAX WITHHOLDING** (Choose one option below)

Do not withhold federal income tax from my monthly benefit. I understand I am liable for paying federal income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. (If I am a U.S. citizen or resident alien whose benefit payments are delivered outside the U.S. or its possessions, I *must* have federal income tax withheld.)

Calculate my federal income tax withholding (if any) in accordance with the tax formula as published in IRS Publication 15 based on the following selections:

Marital Status for Federal Taxes:    Single       Married

Number of Exemptions: \_\_\_\_\_

**If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$**

**31. STATE OF VIRGINIA INCOME TAX WITHHOLDING** (Choose one option below. You are not required to have Virginia state income tax withheld from your benefit if you do not reside in Virginia.)

Do not withhold state income tax from my monthly benefit. I understand I am liable for paying state income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.

Calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication based on the following selections:

Marital Status for State Taxes:    Single       Married

Exemptions: Personal: \_\_\_\_\_    Age and Blindness: \_\_\_\_\_    Total: \_\_\_\_\_

**If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$**

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SERVICE RETIREMENT

Please read the service retirement information in your *Handbook for Members* before completing your application. You may obtain this handbook from your benefits administrator or view it on the VRS website ([www.varetire.org](http://www.varetire.org)). Use myVRS on the VRS website to estimate your VRS benefits before applying for retirement.

Submit your application to the Virginia Retirement System (VRS) at least 60 days, but not more than four months, prior to your effective date of retirement. This ensures you will receive your first benefit payment the first of the month following your retirement date.

### *When submitting your application:*

- If you intend to purchase service credit with your sick leave payment or convert disability credit to service credit, request your benefits administrator complete the necessary online certification. These options are irrevocable and cannot be reversed.
- If you are on VSDP long-term disability, send the application directly to VRS for certification.

If all required documents are not received by VRS within 60 days of your anticipated retirement date, processing of your application will be delayed. This will affect when your first benefit payment is made. VRS will process your application within 60 days of the date all documents are received.

### *Considerations:*

You must terminate all full-time and part-time positions that are covered by VRS to receive a monthly retirement benefit. This includes positions which provide retirement benefits in any VRS administered Optional Retirement Plan or a public college or university Optional Retirement Plan authorized by the *Code of Virginia*. At the time of retirement, you must also terminate work in any part-time positions not covered under VRS for the employer from which you are retiring.

If you return to work in a full-time or part-time position covered by VRS for retirement purposes, a VRS-administered Optional Retirement Plan or a public college or university Optional Retirement Plan authorized by the *Code of Virginia*, your monthly retirement benefit must cease.

If you plan to return to work in a part-time position with any employer participating in VRS, your employer must comply with Internal Revenue Service (IRS) rules about in-service distributions. For your employer to be in compliance, you must:

- Terminate all full-time and part-time employment with your current employer before you receive your benefit payment.
- Incur a break in service of at least one full calendar month before returning to part-time employment in a position not covered by VRS with your current employer. This break must occur during a normal work period.

**Note:** State agencies are considered one employer. Retired state employees may return to work in part-time positions with other state agencies after a full calendar month break in service during a normal work period.

## Part A. Your Information

- Box 1-11: Enter your personal information. In Box 2, indicate your retirement date by entering the month and year.
- Box 12: If you check yes, the purchase must be completed while actively employed and no later than your date of termination. Your benefit cannot be calculated until payment for the purchase is submitted to VRS.
- Box 13: If you check yes, be sure your employer has completed the on-line certification for your accumulated sick leave using myVRS Navigator.
- Box 14: If you check yes, be sure your employer has completed the on-line certification for your conversion of disability credits using myVRS Navigator.
- Box 15: You must terminate all full-time and part-time positions that are covered by VRS, including positions covered by an optional retirement plan, to receive a monthly retirement benefit. At the time of retirement, you must also terminate work in any part-time positions not covered under VRS for the employer from which you are retiring. Choose yes or no as appropriate.

## Part B. Your Payout Option Selection

- Box 17: Choose only one payout option. Refer to your *Handbook for Members* to determine which option will meet your retirement goal. If you are considering the PLOP, refer to the IRS 402(f) Special Tax Notice on the VRS website to learn more about the tax implications of a lump-sum payment.
- If you select the Advance Pension Option, enter the age at which you want your temporarily increased VRS benefit to be reduced. You must choose an age of at least 62 years, but no later than your normal retirement age as defined by the Social Security Act. **Note:** You must include an estimate from the online Social Security Administration benefit estimator following the instructions on the VRS website at [www.varetire.org/apo](http://www.varetire.org/apo). This estimate must be less than 12 months old, for the age at which you choose for your VRS benefit to decrease and it should assume no future earnings after leaving your covered position. Additional information about this option will be sent when your application is processed.
- Box 18: If your payout option includes a PLOP payment, indicate number of months on which the amount is to be based. For a 12-month payment, you must work at least one year beyond the date you are first eligible for an unreduced retirement benefit; for a 24-month payment, at least two years; and for a 36-month payment, at least three years. Also indicate whether you intend to roll the PLOP funds into an IRA or other qualified plan.

## Part C. Your Survivor's Information (Only if you chose a payout option including a survivor)

Enter your survivor's information as identified on the form. **(Do not complete this section if you chose the Basic Benefit as your payout option.)**

## **Part D. Your Certification**

Carefully read the certification statement. Sign and date the application. Your signature certifies that you will repay benefits in excess of those to which you are entitled. It also certifies that you understand that you cannot return to work in a part-time position working for the employer from which you retired without first incurring the required break in service.

If you are unable to complete the application and you select a payout option other than the Basic Benefit, an individual authorized to make testamentary changes on your behalf may complete your application. Authorized individuals include: a court-appointed Guardian or Committee; an Attorney-in-Fact named in a Durable Power of Attorney; or an individual specifically authorized by a court order to do so. A copy of the document providing such authorization must be presented to VRS for review before the application can be processed. If the application is not signed and dated, it is not valid and a new one must be completed. This may delay your first payment.

If you checked Married or Separated in Part A, your spouse must complete the Spouse Certification section, signing and dating the application on or after the date you sign; otherwise, a new application must be completed. If you are unable to obtain your spouse's signature, contact VRS for additional information.

## **Part E. Your Direct Deposit of PLOP Payment (Only if you chose a payout including a PLOP payment)**

Of the total PLOP payment, you must select the percentage of any non-taxable and taxable funds to be paid to you or rolled directly into another qualified plan. If you select to rollover any/all of your PLOP payment, complete all information about the financial institution and your account.

If you want all or a portion of the PLOP rolled over into a qualifying account, but you do not have the account information when completing this application, check the box in Part E to indicate this. VRS will process your retirement and send you another form to obtain the PLOP information.

**Note:** Your PLOP payment may be: 1) paid directly to you by direct deposit into the account where your monthly benefit will be deposited or 2) paid in a rollover to a traditional individual retirement account (IRA) or another eligible plan that accepts rollovers. A rollover into another eligible plan or IRA allows you to continue to postpone taxation of the funds until they are paid to you. To learn more about the tax implications of your selection, read the IRS 402(f) – Special Tax Notice – Defined Benefit Plans on the VRS website at [www.varetire.org/forms](http://www.varetire.org/forms).

## **Part F. Your Direct Deposit Selections**

Provide all information about the financial institution to which your monthly benefit will be paid.

## **Part G. Your Tax Withholding Selections**

Select how to have both federal and state income taxes withheld from your monthly benefit. If you select to withhold taxes for federal or state, also indicate marital status and select the number of exemptions for any taxes you choose to withhold. You also may enter an additional amount to be withheld each month in addition to the calculated taxes.

**IMPORTANT NOTE:** VRS will notify your employer when your application is received. Your employer will certify your separation from employment online.