



RICHMOND RETIREMENT SYSTEM
City of Richmond, Virginia

Deferred Retirement Option Program (DROP)
RETIREMENT APPLICATION

PART A. MEMBER INFORMATION

1. Name:		2. SSN:	3. Birth Date:
4. Address:			5. Phone Number:
6. Department:	7. DROP Entry Date:		8. DROP Exit Date:
9. Position Title:	10. Membership Plan (Check One) <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Benefit with Enhanced Option		

PART B. TYPE OF RETIREMENT (Refer to the Members Handbook for Public Safety Members)

11. Type of Retirement (Check One)
 Service (Normal Retirement - Age 60 or older)
 Early Service (Age & Service)
 Early Service (Service)

PART C. BENEFIT PAYMENT OPTIONS (Refer to the Members Handbook for Public Safety Employees)

12. Benefit Payment Options (Check One)
 Basic Benefit Level Payment Smooth-Out
 _____% Pop-Up Joint and Last Survivorship
 _____% Joint and Last Survivorship

PART D. SURVIVOR INFORMATION (Complete Part D only if you chose a survivorship option in Part C.)

13. Name:		14. SSN:	15. Birth Date:
16. Address:			17. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Other

PART E. CERTIFICATION

18. Member's Certification

I hereby certify that: 1) all of the foregoing facts are correct, 2) I have read and understand the service retirement information in the Members Handbook, 3) I have read and understand the DROP Administrative Guidelines, 4) I have satisfied the retirement eligibility requirements set forth in the City of Richmond Code Chapter 78 and 5) I fully understand Section 78-208 of the City of Richmond Code governing the DROP and Article IX of Chapter 78 of the City of Richmond Code governing payment options available to me. I further understand that I must: 1) submit proof of my birth date, 2) submit proof of my contingent beneficiary's birth date, if I elect a survivorship option, 3) make an election to retain all or part of my unused sick leave upon entry into the DROP, and 4) complete additional payroll forms upon exiting DROP. Additionally, I understand that I am considered a retired member for all purposes related to the System and I agree that I or my estate will repay any excess payment of benefits, if any, to which I was not entitled.

Member's Signature _____
Date

TO BE COMPLETED BY NOTARY or by other Court Official authorized to take acknowledgements:

State of _____ City/County of _____ on _____ 20 ____

The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been duly sworn by me, made an oath that the statements are true.

Notary Public My commission expires: _____
Notary Registration Number: _____

RRS Use Only

Board of Trustees Agenda Date: _____	Member's Creditable Service: _____
Member's Age: _____	