

**RICHMOND RETIREMENT SYSTEM  
730 EAST BROAD STREET, SUITE 900  
RICHMOND, VA 23219**

**CERTIFICATION FORM**

I, \_\_\_\_\_, hereby acknowledge receipt of the Reference Book, "So You've Made the Decision to Retire...Now What?" or the "Deferred Retirement Option Program (DROP) Administrative Guidelines," (for sworn police/fire employees) if applicable, and understand the provisions explained therein. Further, I hereby acknowledge that the following information was reviewed with me by a retirement counselor or by me:

PLEASE INITIAL EACH LINE

<input type="checkbox"/> Types of Retirement	<input type="checkbox"/> Federal Tax Form W-4P
<input type="checkbox"/> Notification of Retirement Application	<input type="checkbox"/> Virginia Tax Form VA-4P
<input type="checkbox"/> Appointment of Beneficiary	<input type="checkbox"/> Direct Deposit Authorization
<input type="checkbox"/> Election of Health/Dental Insurance	

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**ELECTION OF BENEFIT PAYMENT OPTION: The following benefit payment options were reviewed with me by a retirement counselor or by me and I have indicated my selection below:**

PLEASE INITIAL EACH LINE

<input type="checkbox"/> Basic Option*	<input type="checkbox"/> Joint and Last Survivor Option
<input type="checkbox"/> Smooth-Out Option*	<input type="checkbox"/> Pop-Up Joint and Last Survivor Option
<input type="checkbox"/> Level Payment Option*	

(\*Basic, Smooth-Out and Level Payment Options do not provide a survivor allowance.)

I have elected the following payment option: \_\_\_\_\_

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	YES	NO
1. Have you ever been awarded Workers' Compensation benefits?	_____	_____
2. If your answer to question one is yes, are you still receiving these benefits? <b>If yes, you are required to submit a copy of the award to the office within 30 days of your retirement date.</b>	_____	_____

PLEASE INITIAL THE APPLICABLE BOX

I attended a counseling session with a Richmond Retirement System counselor.

I did not attend a counseling session and acknowledge that I am responsible for reviewing all information in the above applicable publications.

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**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**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: \_\_\_\_\_