



REVOCATION OF RRS DURABLE POWER OF ATTORNEY FORM

please type or print in ink

PART A: REVOCATION STATEMENT	
I, _____, of _____,	
<i>Full Name</i>	<i>Address</i>
City/County of _____, State/Commonwealth of _____	
wish to revoke my durable power of attorney on file with the Richmond Retirement System.	
SSN:	Phone Number:
Signature	Date

PART C: NOTARY PUBLIC CERTIFICATION	
To be completed by Notary or by other Court Official authorized to take acknowledgements:	
State of:	City/County of:
The individual whose name is signed above appeared before me on _____, acknowledged before me the signature to be his/her, and having been duly sworn by me, made an oath that the statements made in the said instrument are true.	
Notary Public:	Seal:
My commission expires:	
Notary Registration Number:	

RRS USE ONLY	
Received By:	Filed By: