



Building your financial future

Benefit Information Request Form

DIRECTIONS

This form is for members of the RRS who would like information relating to their account(s) or benefit(s).

STEP 1

Please fill out your form, typed or printed in ink, and remember to sign.

STEP 2

Submit your form...

...during our walk-in hours, Monday thru Friday, 10AM-12PM and 1PM-3PM, with a Photo ID,

or

...by mailing your form to:
Richmond Retirement System
730 E. Broad Street, Suite 900
Richmond, VA 23219

STEP 3

Wait 5 business days, from the date of receipt, for your form to be processed, and we will get back to you with the information that you requested, in the delivery method of your choosing.

THANK YOU!

PART A. MEMBER INFORMATION

Name

Social Security #

Mailing Address

City/State/ZIP

Phone Number Email Address

PART B. TYPE OF REQUEST

For the following requests, you will receive a response from the RRS:

- Monthly Pension Verification
- Proof of Prior Health Coverage
- Listed Beneficiary - RRS
- Survivor Option Inquiry
- Copy of Annual Benefit Statement
- Contribution Account Balance
- Copy of Tax Withholding Certificate
Federal *State*
- Duplicate 1099-R
Last Year *Last 2 Years* *Last 3 Years*
Last 4 Years *Last 5 Years*

For the following requests, you will receive a response from a third party:

- Value of Life Insurance Policy
- Listed Beneficiary - Life Insurance

Adtl. Requests:

PART C. DELIVERY METHOD (CHOOSE ONE)

To protect your privacy, we only mail information to the verified address that we have on file. Additionally, we require a photo ID at the time of drop-off to fax or email information (if available).

- I would like to be called when this information is ready, so that I can pick it up during walk-in hours. I understand that I will need to bring a Photo ID.
- USPS First Class Mail (to the verified address that RRS has on file)
- Fax: _____ Email: _____

PART D. CERTIFICATION

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Member Signature Date

RRS USE ONLY

Date Processed: _____

Reviewed By: _____

ID Verified: _____

Form revised May 2015