



City of Richmond, Virginia

RICHMOND RETIREMENT SYSTEM

Instructions for Completing the Retirement Application

Please read the retirement information in the *Quick Reference Retirement Handbook* before completing your application. You may view this handbook on the Richmond Retirement System's web site (www.richmondgov.com/retirement).

Complete this application if you are applying for a Service/Early Service retirement (retiring from active City employment) or a Deferred Service/Early Service retirement (former City employee with vested rights). Your application must be received in the Richmond Retirement System's office at least sixty (60) days, but no more than ninety (90) days before your effective retirement date.

When submitting your application, you must include proof of your age (preferably a copy of your birth certificate). If you do not have a copy of your birth certificate, please submit one of the documents from the list of Acceptable Documents for Proof of Age located on the System's web site.

Member Responsibilities: Complete Parts A through E

- Boxes 1-5:** Enter your personal data.
- Box 6:** Enter the name of your department and your official position title.
- Box 7:** Enter the date you plan to retire (which must be the first day of the month).
- Box 8:** Check one of the membership plans listed. Your membership plan can be found on your requested Estimate of Benefits Statement or the most recent Annual Estimated Pension Statement (active employees only).
- Box 9:** Check **Service (Normal Retirement)** if you are a general employee age 65 or older, regardless of your years of creditable service (age 60 for police officers/firefighters). Check **Early Service (Age & Service)** if you are a general employee at least age 55, and have completed five or more years of creditable service, but less than 30 years of creditable service (age 50 for police officers/firefighters with five or more years of creditable service, but less than 25 years of creditable service). Check **Early Service (Service)** if you are a general employee less than age 55 (age 50 for police officers/firefighters) and are eligible for an unreduced benefit based strictly on your years of service (general employees – 30 or more years; police officers/firefighters – 25 or more years; or police officers/firefighters with the Defined Benefit Plan Enhanced Option – 20 or more years).

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900 East Broad Street * Room 400 * Richmond, VA 23219
Phone: 804-646-5958 * 1-888-288-2781 * Fax: 804-646-5299
<http://www.richmondgov.com/retirement/>

Check **Deferred Service** if you are a former vested general employee age 65 or older (age 60 for police officers/firefighters). Check **Deferred Early Service** if you are a former vested general employee at least age 55 but less than age 65 (police officers/firefighters - at least age 50 but less than age 60). Check **Deferred Early Service (DC Plan)** if you are a vested member of the Defined Contribution Plan who retained rights to a frozen retirement benefit as a former member of the Defined Benefit (DB) Plan, and has met the DB Plan's eligibility requirements for retirement

Box 10: Check the benefit payment option of your choice. Refer to the *Quick Reference Retirement Handbook* to determine which payment option will meet your retirement goal. If you elect one of the survivorship options, you must indicate the percentage (25, 50, 75 or 100) of your retirement benefit that you wish to leave to your designated survivor.

Boxes 11-15: Complete these boxes only if you elected one of the survivorship options in Box 10. If you choose a survivorship option, you must submit proof of your designated survivor's age (preferably a copy of the designated survivor's birth certificate.)

Box 16: **Please read the certification statement before signing and dating the application. Your signature must be notarized. If your application is not properly signed, dated and notarized, it is not valid and a new one must be completed.**



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RETIREMENT APPLICATION

PART A. MEMBER INFORMATION

Form with fields: 1. Name, 2. SSN, 3. Birth Date, 4. Address, 5. Phone Number, 6. Department, 7. Retirement Date, 8. Membership Plan (Choose One)

PART B. TYPE OF RETIREMENT (refer to eligibility requirements)

Form with field: 9. Type of Retirement (Choose One)

PART C. PAYMENT BENEFIT OPTION (refer to benefit payment options)

Form with field: 10. Benefit Payment Options (Choose One)

PART D. SURVIVOR INFORMATION Please complete Part D only if you chose a survivor option in Part C.

Form with fields: 11. Name, 12. SSN, 13. Birth Date, 14. Address, 15. Relationship

PART E. CERTIFICATION

Form with field: 16. Member's Certification. Includes signature line, date, and notary section.

RRS Use Only

Form with fields for Board of Trustees Agenda, Member's Age, Member's Creditable Service, 1st Reviewer, 2nd Reviewer, and Date.