

CITY OF RICHMOND FORM TO REMAIN IN RRS OR TRANSITION TO VRS

Form 2 - This form is for those in the ENHANCED DEFINED BENEFIT PLAN for GENERAL employees

YOU MUST COMPLETE THIS ELECTION FORM, HAVE IT WITNESSED, AND RETURN IT NO LATER THAN DECEMBER 31, 2024 (*see exception below for earlier October 31, 2024 deadline) TO: Richmond Retirement System. 730 E. Broad Street. Suite 900. Richmond. VA 23219.

Retirement Syste	eni, 730 E. broad Street, Suite 900, Richin	1011u, VA 23219.
First Name	Middle Name:	Last Name
Department:	Employee ID or Last 4 digits of SSN:	Phone Number:
I hereby make the following elec	tion (CHECK ONE):	
Plan. I understand that my salary is as of December 30, 2023, and that the	ENEFIT PLAN. I hereby elect to remain a peing/was reduced on a pre-tax basis by his pre-tax salary reduction will continue on the City in the absence of any changes to	8.57% of my creditable compensation each paycheck until my retirement or
month following receipt of this for salary will be reduced on a pre-tax bar will continue on each paycheck until the salary will continue on each paycheck until the salary will continue on each paycheck until the salary will be sal	o participate in the VRS plan applicable orm (but in no event earlier than Januasis by at-least the VRS required rate of 5% my retirement or other termination of employenefits in the future, including but not limit utive Group (SEG) plan.	uary 1, 2024). I understand that my and that this pre-tax salary reduction syment with the City. I understand that
□ PLAN TO PLAN TRANSFER. who choose to move to VRS and wish contribution account to VRS. I further VRS may not be equal to the service must be completed by December 31,	The city will certify service credit for non-vent to purchase service credit. The city will transport understand under this option that the month earned with RRS. *If you are electing the Value of the content of the content is advised to have your for the processing within the special purchase page 1.	sted RRS defined benefit plan member insfer the balance of the RRS member hs/years of service to be purchased wit RS plan to plan transfer, all transfers orm submitted by October 31, 2024, to
have at the time of my transition to VI	E. I understand my RRS benefits determined RS will freeze at the time of my transition to blication for retirement benefits only if I remains	VRS and not increase thereafter and
**If I elect the plan to plan transfer an	d I am vested at the time of my VRS transiti	on, my election will not be effective.
options. I further acknowledge that financial advisor and I have contained to the contained acknowledge that financial advisor and I have contained to the cont	nd reviewed the plan summaries and review at I have been encouraged to discus onsidered all the consequences before enefits are subject to the terms of the plan of a mended from time to time.	ss my choice with my personal re making my decision. I further
FURTHER ACKNOWLEDGE THA	AT MY ELECTION IS IRREVOCABLE AI	ND CANNOT BE CHANGED.
Date:	Employee Signature:	
Witness (Print Name):		
Witness (Signature):		
Witness (Date):		

The City of Richmond reserves the right to make changes to benefits.