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



Form 3 - This form is for those in the **DEFINED BENEFIT PLAN** for **SWORN** 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.

| First Name | Middle Name: | <u>Last Name</u> |
|---|---|---|
| Department: | Employee ID or Last 4 digits of SSN: | Phone Number: |
| I hereby make the following election | (CHECK ONE): | |
| RRS DEFINED BENEFIT PLAN. understand that my salary is being/wa December 30, 2023, and that this pre-tax termination of employment with the City tax salary reduction. | salary reduction will continue on each | of my creditable compensation as of paycheck until my retirement or other |
| □ VRS PLAN. I hereby elect to part month following receipt of this form salary will be reduced on a pre-tax basis will continue on each paycheck until my large cannot participate in certain RRS bene Program (DROP) or the Senior Executive | by at-least the VRS required rate of 5% retirement or other termination of emplo fits in the future, including but not limited. | eary 1, 2024). I understand that my and that this pre-tax salary reduction yment with the City. I understand that |
| If I am <u>not</u> vested with RRS, and I am explain the PLAN TO PLAN TRANSFER. To members who choose to move to VRS and member contribution account to VRS. I purchased with VRS may not be equal to all transfers must be completed by Decema 31, 2024, to facilitate a smooth plan-to-plane. | he city will certify service credit for not wish to purchase service credit. The city further understand under this option the the service earned with RRS. *If you are mber 31, 2024; therefore it is advised to | on-vested RRS defined benefit plan ity will transfer the balance of the RRS at the months/years of service to be electing the VRS plan to plan transfer have your form submitted by October |
| ☐ FREEZE RRS SERVICE TIME. It have at the time of my transition to VRS will become available to me upon applicative years. | | VRS and not increase thereafter and |
| **If I elect the plan to plan transfer and I a | am vested at the time of my VRS transiti | on, my election will not be effective. |
| I acknowledge that I have received and reoptions. I further acknowledge that I have advisor and I have considered all the rights to any benefits are subject to tapplicable, and as may be amended from | ve been encouraged to discuss my consequences before making my dec he terms of the plan documents, City | choice with my personal financial ission. I further acknowledge that my |
| I FURTHER ACKNOWLEDGE THAT MY | ELECTION IS IRREVOCABLE AND C | ANNOT BE CHANGED. |
| Date | Employee Signature | |
| Witness (Print Name) | | |
| Witness (Signature) | | |
| Witness (Date) | | |