RICHMOND RETIREMENT SYSTEM 730 EAST BROAD STREET, SUITE 900 RICHMOND, VA 23219

CERTIFICATION FORM

I,	, he	reby ackn	owledge receipt of the Re	eference Book,	
"So You've Made the Decision					
Administrative Guidelines, "	(for sworn police/fire en	nployees)	if applicable, and unders	tand the provisions	
explained therein. Further, l		t the follo	wing information was re-	viewed with me by	
a retirement counselor or by					
	<u>PLEASE INITIAL EACH I</u>			45	
Types of Retirement r					
Notification of Retirement Application		n/a	Virginia Tax Form VA		
Appointment of Beneficiary		n/a	Direct Deposit Author	ization	
n/a Election of Healt	h/Dental Insurance				
ELECTION OF BENEFIT	PAYMENT OPTION:	The foll	owing benefit payment	options were	
reviewed with me by a reti	rement counselor or by	me and I	have indicated my sele	ction below:	
	PLEASE INITIAL EACH I	LINE			
Basic Option*			Joint and Last Survivo	r Option	
Smooth-Out Opti	on*		Pop-Up Joint and Last	Survivor Option	
Level Payment O	ption*			-	
(*Basic, Smooth-Out and L	evel Payment Ontions de	o not prov	ide a survivor allowance)	
	-	, not prov		••	
I have elected the following	раушент орнон.				
			YES	NO	
1. Have you ever been awa	rded Workers' Compensa	ation bene	fits?		
2. If your answer to question	on one is yes, are you stil	l receiving	g these		
benefits? If yes, you ar	e required to submit a	copy of th	e award to the office wi	thin 30 days of	
your retireme					
·	PLEASE INITIAL THE AF	PPLICABLE	<u>BOX</u>		
Lattended a cour	ecoling coccion with a Dic	hmond D	atirament System counse	lor	
I attended a counseling session with a Richmond Retirement System counselor.					
I received an estimate of benefits from the Retirement Office.					
I did not attend a counseling session and acknowledge that I am responsible for reviewing all					
	e above applicable publi				
I did not receive	an estimate of benefits fr	om the R	etirement Office.		
Member's Signature	Date	Social	Security Number		
-			•		
State of	City/County of		on	20	
The individual whose name	e is signed above appear	red befor	e me, acknowledged the	signature to	
be his/her, and having been	n duly sworn by me, ma	de an oat	h that the statements ar	re true.	
	My commission expires:				
Notary Public			-		
Rev. 06/20	Notary Registration Number:				