

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

**CERTIFICATION FORM**

I, \_\_\_\_\_, hereby acknowledge receipt of the Reference Book, "So You've Made the Decision to Retire...Now What?" or the "Deferred Retirement Option Program (DROP) Administrative Guidelines," (for sworn police/fire employees) if applicable, and understand the provisions explained therein. Further, I hereby acknowledge that the following information was reviewed with me by a retirement counselor or by me:

**PLEASE INITIAL**

Types of Retirement	Federal Tax Form W-4P
Notification of Retirement Application	Virginia Tax Form VA-4P
Appointment of Beneficiary	Direct Deposit Authorization
Election of Health/Dental Insurance (ACTIVE MEMBERS ONLY)	

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**ELECTION OF BENEFIT PAYMENT OPTION: The following benefit payment options were reviewed with me by a retirement counselor or by me and I have indicated my selection below:**

Basic Option*	Joint and Last Survivor Option
Smooth-Out Option*	Pop-Up Joint and Last Survivor Option
Level Payment Option* (SWORN ONLY)	

**PLEASE INITIAL**

(\*Basic, Smooth-Out and Level Payment Options do not provide a survivor allowance.)

**I have elected the following payment option:** \_\_\_\_\_

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	YES	NO
1. Have you ever been awarded Workers' Compensation benefits?	_____	_____
2. If your answer to question one is yes, are you still receiving these benefits? <b>If yes, you are required to submit a copy of the award to the office within 30 days of your retirement date.</b>	_____	_____

**PLEASE INITIAL THE APPLICABLE BOX**

- 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 information in the above applicable publications.
- I did not receive an estimate of benefits from the Retirement Office.

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**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

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State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

**The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been duly sworn by me, made an oath that the statements are true.**

\_\_\_\_\_  
**Notary Public**

My commission expires: \_\_\_\_\_

Notary Registration Number: \_\_\_\_\_