Richmond Retirement System

RRS

Building your financial future

'RUCTIONS FOR COMPLETING THE RETIREMENT APPLICATION

Please read the So You've Made the Decision to Retire… Now What? handbook before completing your application. You may access this handbook at the Richmond Retirement System's website (www.richmondgov.com/retirement).

Complete this application if you are a member of the Defined Benefit Plan and are applying for a Service/Early Service retirement (retiring from active employment) or a Deferred Service/Early Service retirement (former 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.

You must include a certified copy of your birth certificate with your application. 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 F

Boxes 1 - 6: Enter your personal data.

Box 7: Enter the name of your department.

Box 8: Enter your official job title.

Box 9: Enter the date you plan to retire (which must be the first day of the month).

Box 10: Check one of the membership plans listed. Your membership plan can be found on your Estimate of Benefits Statement or the most recent Annual Estimated Pension Statement (active employees only).

Box 11: Check **Service (Normal Retirement)** if you are a general employee age 65 or older with five years of creditable service (age 60 for sworn public safety officers).

Check **Early Service (Age & Service)** if you are a general employee at least age 55, and have completed at least five years of creditable service, or are a sworn public safety officer at least age 50, with at least five years of creditable service.

Check **Early Service (Service)** if you are a general employee younger than age 55 or a sworn public safety officer younger than age 50, and are eligible for an unreduced benefit based strictly on your years of service. To satisfy this requirement, general employees must have 30 years of service and sworn public safety officers must have 25 years of service if participating in the DB Plan, or 20 years of service if participating in the EDB Plan.

Check **Deferred Service** if you are a former vested general employee age 65 or older or a former vested sworn public safety officer age 60 or older.

Check **Deferred Early Service** if you are a former vested general employee at least age 55 but less than age 65 or a sworn public safety officers 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 with a frozen retirement benefit as a former member of the Defined Benefit (DB) Plan, and have met the eligibility requirements for retirement.

Box 12: Check the benefit payment option of your choice. Refer to the S**o You've Made the Decision to Retire... Now What?** 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 13 - 17: 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 18: Please read the certification statement before signing and dating the application. Your signature must be notarized. Your application is not valid until properly signed, dated and notarized.

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RETIREMENT APPLICATION

please type or print in ink

PART A. MEMBER INFORMATION

1. Name:	2. Social Security Number:	
3. Birth Date:	4. Address:	
5. Phone Number:	6. Email Address:	
7. Department:	8. Job Title:	9. Retirement Date:

10. Membership Plan (Choose One) ☐ Defined Benefit ☐ Defined Benefit With Enhanced Option ☐ Defined Contribution

PART B. TYPE OF RETIREMENT

11. Type of Retirement (Choose One) ☐ Service (Normal Retirement) ☐ Early Service (Age & Service) ☐ Early Service (Service) ☐ Deferred Service ☐ Deferred Early Service ☐ Deferred Early Service (DC Plan)

PART C. BENEFIT PAYMENT OPTION

12. Benefit Payment Option (Choose One) ☐ Basic Benefit ☐ Level Payment ☐ Smooth-Out

☐_____ % Pop-Up Joint and Last Survivorship (25%, 50%, 75%, 100%)

☐_____ %Joint and Last Survivorship (25%, 50%, 75% or 100%)

PART D. SURVIVOR INFORMATION (Only complete Part D if you chose a survivor option in Part C)

13. Name:	14. SSN:	15. Birth Date:
16. Address:	17. Relationship: ☐ Spouse ☐ Other	

PART E. CERTIFICATION

18. Member's Certification

I hereby certify that: 1) all of the foregoing facts are correct, 2) I have read and understand the service retirement information in the Members Handbook, 3) I have satisfied the retirement eligibility requirements set forth in the City of Richmond Code Chapter 78 and 4) I fully understand Article IX of Chapter 78 of the City of Richmond Code governing the payment options available to me. I further understand that I must 1) submit proof of my birth date, 2) submit proof of my beneficiary's birth date, (if I elect a survivorship option), 3) enroll in a health/dental insurance program, if eligible, within 30 days from the date of my retirement, or be subject to the City's re-enrollment provisions, 4) enroll in the direct deposit program to receive my benefits and 5) submit my application within 60 – 90 days of my requested retirement date; and if I submit my application outside that window, I must make a written request for an exception to this policy. I further understand that if an exception is granted, my initial pension payment may be delayed up to 90 days. Additionally, I agree that I (or my estate) will repay any excess payment of benefits to which I am not entitled.

Member's Signature:	Date:

PART F. NOTARY PUBLIC

State of:	City/County of:	on:

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

Notary Public:	
My Commission Expires:	
Notary Registration Number:	

RRS OFFICE USE ONLY

Board of Trustees Agenda:	1st Reviewer:	Date:
Members Age:	2nd Reviewer:	Date:
Members Creditable Service:	Average Final Compensation:	