



Virginia Retirement System

VRS Defined Contribution Plans BENEFICIARY DESIGNATION FORM

- ☐ Please note that you have the ability to select different beneficiaries in each plan. Please make sure you check which plan you intend the beneficiaries to be on or check this box to have the beneficiaries the same across all plans.
- | | |
|---|---|
| ☐ Virginia Hybrid 401(a) Cash Match Plan – 626621 | ☐ Optional Retirement Plan for School Superintendents – 626625 |
| ☐ Virginia Hybrid 457 Deferred Compensation Plan - 626622 | ☐ Virginia Supplemental Retirement Plan - 626626 |
| ☐ Optional Retirement Plan for Higher Education – 626623 | ☐ Commonwealth of Virginia 457 Deferred Compensation Plan – 626627 |
| ☐ Optional Retirement Plan for Political Appointees - 626624 | ☐ Virginia Cash Match Plan – 626628 |

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

INSTRUCTIONS

1. If you designate a trust as a beneficiary, please include the trust name and trust date.
2. If you list more than one beneficiary, the total of all Primary and/or Contingent Beneficiaries must be in whole increments and equal 100%. If you need to add additional names, please use the back of this form clearly labeling Primary or Contingent Beneficiaries.
3. If your Primary Beneficiary(ies) die(s) before you, then Plan benefits will be distributed to Contingent Beneficiary(ies).

PRIMARY BENEFICIARY(IES)

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____ _____ _____	_____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
2 _____ _____ _____	_____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
3 _____ _____ _____	_____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
4 _____ _____ _____	_____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
*A Percent of Benefit must be provided for each Primary Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Primary Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.				100%

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CONTINGENT BENEFICIARY(IES)				
Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
2 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
3 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
4 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		____.00%
*A Percent of Benefit must be provided for each Contingent Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Contingent Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.				100%

AUTHORIZATION
I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the plan(s) selected and that by doing so, I revoke all prior designations. I understand that if none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the official plan document. <i>I hereby certify that the information I furnished herein is true, accurate and complete.</i> PARTICIPANT SIGNATURE _____ DATE _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- ☐ Read the required instructions.
- ☐ Provided complete personal information including name, Social Security number, and marital status.
- ☐ Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- ☐ Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- ☐ Listed the name, address, Social Security number, birth date and relationship of all Beneficiaries.
- ☐ Signed and dated your Beneficiary Designation (Authorized Signature).
- ☐ Made a copy for your records and send the original to Plan Administrator.

You will receive a confirmation statement on your beneficiary elections. If you have any questions or need to obtain additional plan or account information, please go online at dcp.varetire.org or call the VRS Defined Contribution Plans Service Center at 1-877-327-5261 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 9:00 P.M. Eastern Time (excluding stock market holidays).

If your application is complete, please mail or fax the application and any additional documents to:

VIA FAX

Voya Financial
Attn: VRS Defined Contribution Plans
1-844-833-4545

VIA MAIL

Voya Financial
Attn: VRS Defined Contribution Plans
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: VRS Defined Contribution Plans
One Orange Way
Windsor, CT 06095