

DESIGNATION OF BENEFICIARY – CONTINUATION



VIRGINIA RETIREMENT SYSTEM
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1. Social Security Number
2. Employer Code

Use this form to designate additional beneficiaries when the number of beneficiaries you desire exceeds the number allowed on the Designation of Beneficiary (VRS-2).

Complete this form at the same time you complete the VRS-2. This form may *only* be used at the time a VRS-2 is completed; you *cannot* submit a VRS-2A to add to a VRS-2 that is already on file with VRS.

3. Name (First, Middle Initial, Last)	4. Birth Date
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PART B. VRS BASIC GROUP LIFE INSURANCE – CONTINUATION

List additional beneficiaries for basic group life insurance in the area below that were not included on the VRS-2 being submitted with this form.

Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date

PART C. VRS OPTIONAL GROUP LIFE INSURANCE – CONTINUATION

List additional beneficiaries for optional group life insurance in the area below that were not included on the VRS-2 being submitted with this form.

Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date

Social Security Number

PART D. VRS DEFINED BENEFIT MEMBER ACCOUNT RETIREMENT CONTRIBUTIONS – CONTINUATION

List additional beneficiaries for VRS defined benefit member account retirement contributions in the area below that were not included on the VRS-2 being submitted with this form.

Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and ZIP+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date

PART E. CERTIFICATION OF CONTINUATION

<p>Member Certification</p> <p>This is a continuation of the Designation of Beneficiary (VRS-2) under my signature and dated _____. (mm/dd/yyyy)</p> <p>_____</p> <p>Member Signature</p>
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Social Security Number
