

# 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 |
|---------------------------------------|---------------|

## 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.

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

**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.

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

|                               |
|-------------------------------|
| <b>Social Security Number</b> |
|-------------------------------|

**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.

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

**PART E. CERTIFICATION OF CONTINUATION**

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

|                               |
|-------------------------------|
| <b>Social Security Number</b> |
|-------------------------------|