AGREEMENT FOR AFTER-TAX PAYROLL DEDUCTION TO PURCHASE SERVICE CREDIT



VIRGINIA RETIREMENT SYSTEM P.O. Box 2500 + Richmond, Virginia 23218-2500 Toll Free 1-888-VARETIR (827-3847) Fax 1-804-786-9718 www.varetire.org 1. Social Security Number

2. Daytime Phone Number

Complete this form to authorize your after-tax purchase of service credit through payroll deduction. Submit this form to your employer along with your cost letter. **Note:** This form is *not* submitted to VRS.

If you do not complete this contract before you terminate employment with your employer, you may purchase any of the remaining months in a lump sum before your termination date. If you change employers and wish to continue payroll deductions, you must complete a new Authorization for After-Tax Payroll Deduction to Purchase Service Credit (VRS-26C) with your new employer.

Plan 2 Members: Your cost may change if you change employers or as you purchase different types of service which must be purchased at different rates.

| 3. | Name | (First, Middle Initial, Last) | |
|------------------|---|--|------|
| | | | |
| 4. | Address | (Street, City, State and Zip+4) | |
| | | | |
| 5. | Total num | ber of months to be purchased (Based on the cost letter) | |
| | | ·····, | |
| | | | |
| 6. | . Rate at which service will be purchased | | |
| | | | |
| 7. | 7. Date to begin deduction | | |
| | | | |
| | (mm) | (dd) (yyyy) | |
| 8. | Number of | months during which deductions will be taken | |
| | | | |
| 9. Authorization | | | |
| | | | |
| . | | | |
| | Member Sig | nature | Date |