



**Beneficiary Designation
401(a) Plan**

ORP of the Commonwealth of Virginia for Political Appointees

650273

NOTE: Beneficiary information can also be added, changed and deleted by accessing your account online at www.varetire.org or contacting a Customer Service Representative at 1-VRS-DC-PLAN1 (1-877-327-5261).

Participant Information – Provide Name/Social Security Number as it currently appears on your account.

Last Name		First Name	MI	Social Security Number
E-Mail Address		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		

This designation supercedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet if necessary.

Primary Beneficiary

#1	_____ . % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#2	_____ . % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#3	_____ . % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth

Contingent Beneficiary

#1	_____ . % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#2	_____ . % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#3	_____ . % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth

Plan Beneficiary Designation

This designation is effective when signed, dated and received by ING (“Service Provider”) at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law.

Required Signature

I have completed, understand and agree to all pages of this Beneficiary Designation form. I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury (“OFAC”). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature _____

Date _____

Send Original to the Service Provider at: ING Plan Administration
Attn: Virginia Retirement Systems
P.O. Box 5159
Boston, MA 02206-5159

Phone #: 1-VRS-DC-PLAN1 (1-877-327-5261)
Fax #: 1-888-998-8954
Web site: www.varetire.org

