



# Social Security Number Change Request for Active Employees

- Commonwealth of Virginia 457 Deferred Compensation Plan** 650271

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- Virginia Cash Match Plan** 650272

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- ORP of the Commonwealth of Virginia for Political Appointees** 650273

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- ORP of the Commonwealth of Virginia for School Superintendents** 650274

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- Virginia Supplemental Retirement Plan** 650275

**Participant Information** – Provide Name/Employee Number as it currently appears on your account.

Last Name	First Name	MI	Employee Number
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**SSN Change**

Current Social Security Number	Correct Social Security Number
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**Required Signature** — I affirm the information I have provided on this form is true and correct based on documentation I have reviewed. I understand this form will only change the record at ING and not at VRS. (Use Form VRS-48 for VRS changes.)

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Number

**Fax only to Service Provider at:**

ING Plan Administration  
Attn: Virginia Retirement System

**Phone #:** 1-VRS-DC-PLAN1 (1-877-327-5261)

**Fax #:** 1-888-998-8954

