



**City of Newport News
Employees' Retirement Fund**
2400 Washington Avenue
Newport News, VA 23607
Phone: (757) 926-3929
Fax: (757) 926-3570

Application for Service Retirement Vested Member

ELIGIBILITY TO APPLY FOR VESTED RETIREMENT

- ✓ Minimum of five (5) years of full-time credited service
- ✓ Vested retirement eligible based on age, generally:
 - 60 years old for general members
 - 50 years old for sworn Fire, Police or Sheriff

- ✓ Not currently employed by the City of Newport News

This application is only for use by NNERF members no longer employed by the City or School Board. Active employees who would like to apply for retirement should contact the Finance Department at retirement@nnva.gov or (757) 926-3929 to schedule a retirement appointment.

PERSONAL INFORMATION

Name: (Last, First, Middle Initial)

Social Security Number:

Date of Birth: (mm/dd/yyyy)

Age:

Mailing Address: (Street, City, Zip)

Phone Number:

Email Address: (Please provide an email address to receive pay notification for your monthly annuity. A passcode is required; it will be your last four of your SSN.)

Spouse's Name: (Last, First, Middle Initial)

Social Security Number:

Date of Birth: (mm/dd/yyyy)

Age:

CERTIFICATION

Length Of Service With City Retirement:

From:

To:

Broken Service

I HEREBY MAKE APPLICATION FOR SERVICE RETIREMENT EFFECTIVE: ____/01/____

If eligible, your retirement will be effective the first business day of the month following receipt of a completed application (witnessed application, direct deposit form, and tax forms) and your first payment will be made within 90 days.

I certify that all information provided in this document is true to the best of my knowledge. I agree that, in the event that NNERF pays retirement benefits in excess of those to which I am entitled, I will repay the excess to NNERF.

I have completed the following required forms:

Direct Deposit Federal Tax State Tax Copy of Valid Photo ID

Applicant Signature _____ Date _____

TO BE COMPLETED BY NOTARY (*Notary Services available in office*)

State of _____ City/County of _____

Given under my hand this _____ day of _____, 20____.

My Commission Expires: _____

(Notary Public Signature)

(Date)

NOTARY SEAL

Office Use
Only

Retiree EIN

Dept/Class

Retirement
Option
170 Svc / NonLvl/
179Lump/178Rllo
vr

Annual Pay

Period Pay

Sx/Rc/Mar

Credited Svc
YRS / MOS

Revision Date

FIT

SIT

Credit Union

Direct Deposit