MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700
410-625-5555 OR 1-800-492-5909
410-468-1739 (FAX)

FORM TO RESCIND VSP RETIREMENT REQUESTS

(REV. 3/15)

MEMBER'S SOCIAL SECURITY NUMBER ___ - __ - ____

DAYTIME TELEPHONE NUMBER ___ - ___ - ____

MEMBER'S NAME

First **Initial** **Last**

HOME ADDRESS

Number and Street

City **State** **ZIP Code** -

By submission of this form, I request to withdraw my application to the Maryland State Retirement Agency (i.e., Agency) for one of the applications indicated below. I understand I am withdrawing my request for a May 1, 2015 retirement date and/or processing of a specific retirement request at this time. I can reapply for a new retirement date or request to purchase service credit or request a refund at a later date by resubmitting the necessary forms. **A request to rescind a May 1, 2015 retirement must be received by the Retirement Agency as soon as possible but no later than May 28, 2015.**

I am rescinding my application for:

Please initial on the line next to the item you no longer want processed by the Agency:

_____ Application for a May 1, 2015 Retirement (VSP Form 13-23)

_____ Application to Request the Purchase of Service Credit (Form 26)

_____ Application for a Refund of Member Contributions and Interest (VSP Form 5)

I hereby certify that I understand the impact of my request to rescind the applications indicated which I recently sent to the Agency.

Signature: _____ Date: _____

Retirement Coordinator please complete the following:

Signature of
Retirement Coordinator: _____ Date: _____

Printed Name of
Retirement Coordinator: _____ Direct Phone Number: _____

Employing Agency: _____