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

FORM TO RESCIND VSP RETIREMENT REQUESTS

FORM 173 (REV. 7/25)

MEMBER'S SOCIAL SECURITY NUMBER **DAYTIME TELEPHONE NUMBER**

MEMBER'S NAME

First **Initial** **Last**

HOME ADDRESS

Number and Street

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

Email Address

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 October 1, 2025 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 an October 1, 2025 retirement must be received by the Retirement Agency as soon as possible but no later than October 24, 2025.**

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 an October 1, 2025 Retirement

_____ Application for a Refund of Member Contributions and Interest

I hereby certify that I understand the impact of my request to rescind the applications indicated above.

Signature: _____ Date: _____

Retirement Coordinator, please complete the following:

Signature of Retirement Coordinator: _____ Date: _____

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

Email Address of Retirement Coordinator: _____ Employing Agency: _____