



The Educational Employees' Supplementary Retirement System of *Fairfax County*
 8001 Forbes Place, Suite 300 - Springfield, Virginia 22151-2205
 703-426-3900 - 1-800-426-4208 - www.fcps.edu/ERFC

Beneficiary Designation ~ Continuation

Use this form **only** to designate **additional** beneficiaries when the number of beneficiaries exceeds the designation space allotted on the Beneficiary Designation Form (ERFC-1). This form must be completed and notarized simultaneously with Beneficiary Designation Form (ERFC-1); you *cannot* submit a Beneficiary Designation Continuation Form (ERFC 1-A) separately to add to a beneficiary designation that is already notarized and on file with ERFC.

Member's Last Name _____	First Name _____	Middle Initial _____	Social Security Number _____
--------------------------	------------------	----------------------	------------------------------

Additional Beneficiary(ies)

List only additional beneficiaries who are not already included on the separate Beneficiary Designation Form (ERFC-1).
 Do not use this form unless you wish to designate additional beneficiaries to those cited on the initial designation form (ERFC-1).

Last Name _____	First Name _____	Middle Initial _____	Birth Date (Month/Day/Year) _____	Social Security Number _____
Street Address _____		City _____	State _____	Zip Code _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other _____				
Beneficiary Type (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____	Trustee or Organization Executive Officer: _____		
Last Name _____	First Name _____	Middle Initial _____	Birth Date (Month/Day/Year) _____	Social Security Number _____
Street Address _____		City _____	State _____	Zip Code _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other _____				
Beneficiary Type (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____	Trustee or Organization Executive Officer: _____		
Last Name _____	First Name _____	Middle Initial _____	Birth Date (Month/Day/Year) _____	Social Security Number _____
Street Address _____		City _____	State _____	Zip Code _____
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other _____				
Beneficiary Type (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____	Trustee or Organization Executive Officer: _____		

Signature _____	Date _____
-----------------	------------

This certificate must be executed by a notary public or a court official authorized to take acknowledgements. This form is invalid unless notarized and submitted simultaneously with a Beneficiary Designation Form (ERFC-1)

The individual whose name is signed to the foregoing instrument personally appeared before me, acknowledged the foregoing signature to be his / hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

State of _____ City/County of _____ on _____ 20 _____

Notary
 Registration # _____ My commission expires _____ Signature _____