



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

Check <input checked="" type="checkbox"/> One: <input type="checkbox"/> New Member <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Legal Name Change	Member's Last Name	First Name	Middle Initial	<input type="checkbox"/> Female <input type="checkbox"/> Male	
	Street Address	Apt #	City	State	Zip Code
	Social Security Number	Birth Date (Month/Day/Year)	Age	Phone # (area code-xxx-xxxx)	
	Are you a prior ERFC member? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is yes, did you receive a refund of contributions when you resigned? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Designation of Beneficiary(ies) Are additional beneficiaries listed on an ERFC-1B continuation form? YES NO

I hereby revoke all my previous beneficiary designations, if any, and designate the following as beneficiary(ies) of my accumulated contributions in the Educational Employees' Supplementary Retirement System of Fairfax County (ERFC) in the event of my death before or after my retirement

Last Name	First Name	Middle Initial	Birth Date (Month/Day/Year)	Social Security Number
Street Address		City	State	Zip Code
Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <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 % _____ NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%	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 to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <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 % _____ NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%	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 to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <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 % _____ NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%	Trustee or Organization Executive Officer:		

Member 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. 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 _____