ERFC

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

Name / Address Change Form for Inactive Members

- Please complete this form to update your ERFC records with any changes to your name and/or address.
- Return your completed form with any required documentation to ERFC at the address shown above.
- In the event of a name change, you must include a copy of your new Social Security card as legal proof for ERFC to document the change.
- Please allow 30 days for your requested changes to become effective.
- Contact ERFC directly with any questions**:** 703-426-3900 **/** 1-800-426-4208 **/** erfcoffice@fcps.edu
- **Faxed copies *cannot* be accepted.** To protect your privacy, ERFC must receive a signed original form to initiate any changes to your personal records.

Please Print Clearly

1. _____
First Name *Middle Initial* *Last Name* *Suffix (Jr./Sr.)*

2. _____
FORMER Name (First / Middle / Last) *Complete this line if you are filing a name change*

3. _____
Social Security Number

4. _____
NEW Home Telephone Number (Area Code – xxx-xxxx)

5. _____
NEW Street Address *City* *State** *Zip Code*

6. _____
FORMER Street Address *City* *State* *Zip Code*
(Complete this line if you are filing a change of address)

7. _____ _____
Signature (Required to authorize changes) *Date*

Is this a Name Change?
Check ☑ One Below
Yes- ☐ ***No-*** ☐
If answering "yes," please complete Line 2 below and enclose legal proof of your name change.

Is this a New Address and/or Phone Number?
Check ☑ One Below
Yes- ☐ ***No-*** ☐
If answering "yes," please complete Lines 4 *and* 5