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 type or print clearly

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

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

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

3. _____
Social Security Number

Is this a New Address and/or Phone Number?
Yes- ☐ ***No-*** ☐
Check ☑ One. If answering yes, please complete line 6 below.

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

5. _____
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***