



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 Retirees & Beneficiaries

- ◆ 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.
- ◆ **Faxed copies cannot be accepted.** To protect your privacy, ERFC must receive a signed original form to initiate any changes to your personal records.

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| <p><i>Please type or print clearly</i></p>  | <p>Your Status - Please Check One <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> - Beneficiary    <input type="checkbox"/> - Retiree</p>  |
| <p>1. _____</p> <p style="font-size: small; margin-left: 20px;"><i>First Name                  Middle Initial                  Last Name                  Suffix (Jr./Sr.)</i></p>  | <p><b>Is this a Name Change?</b><br/>         Yes- <input type="checkbox"/>    No- <input type="checkbox"/><br/>         Check <input checked="" type="checkbox"/> One. If answering yes, please complete line 2 below and enclose legal proof of name change.</p> |
| <p>2. _____</p> <p style="font-size: small; margin-left: 20px;"><b>FORMER NAME</b> (First / Middle / Last) Complete this line if you are filing a name change</p>   |  |
| <p>3. _____</p> <p style="font-size: small; margin-left: 20px;"><b>Social Security Number</b></p>   |  |
| <p>4. _____</p> <p style="font-size: small; margin-left: 20px;"><b>Home Telephone Number</b> (Area Code – xxx-xxxx)</p>   | <p><b>Is this a New Address and/or Phone Number?</b><br/>         Yes- <input type="checkbox"/>    No- <input type="checkbox"/><br/>         Check <input checked="" type="checkbox"/> One. If answering yes, please complete line 6 below.</p>                    |
| <p>5. _____</p> <p style="font-size: small; margin-left: 20px;"><b>Street Address                                  City                                  State                                  Zip Code</b></p>  |  |
| <p>6. _____</p> <p style="font-size: small; margin-left: 20px;"><b>FORMER Street Address                                  City                                  State                                  Zip Code</b><br/>         (Complete this line if you are filing a change of address)</p> |  |
| <p>7. _____</p> <p style="font-size: small; margin-left: 20px;"><b>Signature</b> (Required to authorize changes)                                  <b>Date</b></p>   |  |