



The Educational Employees' Supplementary Retirement System of *Fairfax County*  
 8001 Forbes Place, Suite 300 Springfield, VA 22151-2205  
 703-426-3900 844-758-3793 www.fcps.edu/erfc

## Beneficiary Designation – Continuation

Use this form 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 the Beneficiary Designation form (ERFC-1).

The Beneficiary Designation Continuation form (ERFC-1A) **will not** be accepted as a separate document to change or add to a Beneficiary Designation form (ERFC-1) previously submitted to ERFC.

Member's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Additional Beneficiary(ies):**

In addition to those individuals cited on the accompanying Beneficiary Designation form (ERFC-1), I hereby designate the following individual(s) 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.

**NOTE:** The **cumulative %** share of all primary beneficiaries and the **cumulative %** share of all contingent beneficiaries must **each** total exactly 100%.

**Beneficiary Type** Please check  one:  Primary  Contingent Share % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate (Month/Day/Year) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Member:  
 Spouse  Son  Daughter  Parent  Trustee under trust agreement dated \_\_\_\_\_  Other \_\_\_\_\_

Trustee or Organization Executive Officer: \_\_\_\_\_

**Beneficiary Type** Please check  one:  Primary  Contingent Share % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate (Month/Day/Year) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Member:  
 Spouse  Son  Daughter  Parent  Trustee under trust agreement dated \_\_\_\_\_  Other \_\_\_\_\_

Trustee or Organization Executive Officer: \_\_\_\_\_

**Beneficiary Type** Please check  one:  Primary  Contingent Share % \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate (Month/Day/Year) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Member:  
 Spouse  Son  Daughter  Parent  Trustee under trust agreement dated \_\_\_\_\_  Other \_\_\_\_\_

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 \_\_\_\_\_