



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

Please check one: Female Male
 New Member Retiree Beneficiary Change Legal Name Change

 Member's Last Name First Name MI Social Security Number

 Street Address Apt. Number City State Zip Code

 Birthdate (Month/Day/Year) Phone Number (+area code)

Designation of Beneficiary(ies): Are additional beneficiaries listed on an ERFC-1A 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.

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:

 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 _____