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3110 Fairview Park Drive, Suite 300
Falls Church, VA 22042
703-426-3900 | ercfpension.org

Beneficiary Designation

Check One:

	Member's Last Name	First Name	Middle Initial	
				<input type="checkbox"/> Male <input type="checkbox"/> Female

New Member

Street Address	Apt #	City	State	Zip Code
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Retiree

SS Number	Birth Date (Month/Day/Year)	Age	Phone # (area code-xxx-xxxx)
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Beneficiary Change

Are you a prior ERFC member? Yes No

If answer is yes, did you receive a refund of contributions when you resigned? Yes No

Designation of Beneficiary(ies) Are additional beneficiaries listed on an ERFC-1B continuation form? YES NO

I hereby revoke all 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

Last Name	First Name	Middle Initial	Birth Date (Month/Day/Year)	SS Number
Street Address		City	State	Zip Code

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

Beneficiary Type: (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____ NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%	Trustee or Organization Executive Officer:
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Last Name	First Name	Middle Initial	Birth Date (Month/Day/Year)	SS Number
Street Address		City	State	Zip Code

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

Beneficiary Type: (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____ NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%	Trustee or Organization Executive Officer:
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Last Name	First Name	Middle Initial	Birth Date (Month/Day/Year)	SS Number
Street Address		City	State	Zip Code

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

Beneficiary Type: (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____ NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%	Trustee or Organization Executive Officer:
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Member Signature

Date

To be completed by a notary or other court official authorized to take acknowledgments*Note: submission through Lightico or ERFCDirect with approved identity verification does not require notarization unless beneficiary is a trust. 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 _____