



Did you know ERFCDirect is your online account portal?
 Access your personal information at www.erfc.direct



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

Name / Address Change Form for Retirees and 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 marriage certificate, divorce decree, or other legal court order showing your new name as legal proof for ERFC to document the change.
- ◆ Please allow 30 days for your requested changes to become effective.
- ◆ Update your beneficiary, if necessary, in ERFCDirect.
- ◆ **Faxed copies cannot be accepted.** To protect your privacy, ERFC must receive a signed original form to initiate any changes to your personal records.

<p><i>Please Print Clearly</i></p>	<p><i>Your Status - Please Check One</i> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> - Beneficiary <input type="checkbox"/> - Retiree</p>
<p>1. _____ <i>First Name Middle Initial Last Name Suffix (Jr / Sr)</i></p>	<p style="text-align: center;">Is this a Name Change?</p> <p style="text-align: center;"><i>Check</i> <input checked="" type="checkbox"/> <i>One Below</i></p> <p style="text-align: center;">Yes - <input type="checkbox"/> No - <input type="checkbox"/></p> <p style="text-align: center;">If answering "yes," please complete Lines 2 and 3 below and enclose legal proof of your name change.</p>
<p>2. _____ <i>FORMER NAME (First / Middle / Last) Complete this line if you are filing a name change</i></p>	
<p>3. _____ <i>Employee ID or Last Four SSN</i></p>	<p style="text-align: center;">Is this a new Address and/or Phone Number?</p> <p style="text-align: center;"><i>Check</i> <input checked="" type="checkbox"/> <i>One Below</i></p> <p style="text-align: center;">Yes - <input type="checkbox"/> No - <input type="checkbox"/></p> <p style="text-align: center;">If answering "yes," please complete Lines 4~7</p>
<p>4. _____ <i>NEW Home Telephone Number Email Address</i></p>	
<p>5. _____ <i>NEW Street Address City State Zip Code</i></p>	
<p>6. _____ <i>FORMER Street Address City State Zip Code</i></p>	
<p>7. _____ <i>Signature (Required to authorize changes) Date</i></p>	