



**Did you know ERFCDirect is your online account portal?**  
 Access your personal information @ [www.fcps.edu/erfcdirect](http://www.fcps.edu/erfcdirect)



8001 Forbes Place, Suite 300  
 Springfield, VA 22151-2205  
 703.426.3900 | [www.fcps.edu/erfc](http://www.fcps.edu/erfc)

## Beneficiary Designation

Check  One:

<input type="checkbox"/> New Member	Member's Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Retiree	Street Address	Apt #	City	State	Zip Code
<input type="checkbox"/> Beneficiary Change	SS Number	Birth Date (Month/Day/Year)	Age	Phone # (area code-xxx-xxxx)	
	Are you a prior ERFC member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If answer is yes, did you receive a refund of contributions when you resigned? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated ____ <input type="checkbox"/> Other _____				
Beneficiary Type: (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____ <b>NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%</b>	Trustee or Organization Executive Officer:		
Last Name First Name Middle Initial Birth Date (Month/Day/Year) SS Number Street Address City State Zip Code Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated ____ <input type="checkbox"/> Other _____				
Beneficiary Type: (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____ <b>NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%</b>	Trustee or Organization Executive Officer:		
Last Name First Name Middle Initial Birth Date (Month/Day/Year) SS Number Street Address City State Zip Code Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated ____ <input type="checkbox"/> Other _____				
Beneficiary Type: (Check One) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % _____ <b>NOTE: The cumulative % share of all primary beneficiaries and the cumulative % share of all contingent beneficiaries must each total exactly 100%</b>	Trustee or Organization Executive Officer:		

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 acknowledgments. 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 \_\_\_\_\_