



The Educational Employees' Supplementary Retirement System of *Fairfax County*
8001 Forbes Place, Suite 300 ~ Springfield, Virginia 22151-2205
703-426-3900 ~ 1-800-426-4208 ~ www.fcps.edu/ERFC

Beneficiary Designation ~ Continuation

Use this form **only** 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 *Beneficiary Designation* form (ERFC-1). The *Beneficiary Designation Continuation* form (ERFC 1-B) **will not** be accepted as a separate document to change or add to a *Beneficiary Designation* form (ERFC-1) submitted earlier to ERFC.

Member's Last Name	First Name	Middle Initial	Social Security Number
--------------------	------------	----------------	------------------------

Additional Beneficiary(ies) In addition to those individuals cited on the accompanying *Beneficiary Designation* (ERFC-1) form, I hereby designate the following individuals 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)	Social Security 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 % _____ 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:

Last Name	First Name	Middle Initial	Birth Date (Month/Day/Year)	Social Security 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 % _____ 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:

Last Name	First Name	Middle Initial	Birth Date (Month/Day/Year)	Social Security 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 % _____ 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:

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 _____

ERFC-1B 2/18/2011 jkd

SIGNED ORIGINAL FORM REQUIRED FOR RECORDS