

Retirement Plan E/Beneficiary Designation

Last Name:		First Name:		Middle Initial:
Address:		City:	State:	Zip:
Social Security # (last 4 digits):		Phone #:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: Month Day Year
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> New Hire	Start Date:	Department/ Agency:
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Rehired**		

***Rehired employees who left their money in the Fairfax County Employees' Retirement System (FCERS) must return to participation in the Plan they contributed to during their previous period of County employment. Any member returning to FCERS who **previously removed** their contribution balance from the system will be considered a new member of FCERS and be enrolled into the current Plan. Any eligible purchase of prior service must be started no later than one year after rehire date to qualify for lower interest. For additional information visit: www.fairfaxcounty.gov/retirement.*

Beneficiary Designation: If you are a vested employee on the active payroll when you die, and your spouse is listed as your **sole primary beneficiary**, your spouse will have the option of requesting a 50% survivor benefit payable to them for their lifetime OR a refund of contributions and interest. Refunds are paid out of the retirement system within 60-90 days after receipt of a member's death certificate. For more information, visit the Retirement Systems website - www.fairfaxcounty.gov/retirement/tips/a050-beneficiary-information-tip-sheet.

Alternate Beneficiary is/are the payee(s) who will be paid if Primary Beneficiary is already deceased.

A member may designate as many beneficiaries as he/she chooses. Make sure the information is clearly stated with regard to percentages for each beneficiary. **The total % for all Primary beneficiaries must total 100%. The total % for all Alternate beneficiaries must total 100%.**

Check this box if you have provided any additional beneficiary names or information on another page.

PRIMARY* (you cannot name yourself)	Name:	%
Relationship:	SSN (last 4 digits):	DOB:
Address if different from above:		

*You may designate more than one primary beneficiary.

<input type="checkbox"/> Primary OR <input type="checkbox"/> Alternate	Name:	%
Relationship:	SSN (last 4 digits):	DOB:
Address if different from above:		

<input type="checkbox"/> Primary OR <input type="checkbox"/> Alternate	Name:	%
Relationship:	SSN (last 4 digits):	DOB:
Address if different from above:		

<input type="checkbox"/> Primary OR <input type="checkbox"/> Alternate	Name:	%
Relationship:	SSN (last 4 digits):	DOB:
Address if different from above:		

<input type="checkbox"/> Primary OR <input type="checkbox"/> Alternate	Name:	%
Relationship:	SSN (last 4 digits):	DOB:
Address if different from above:		

I have read and understand that **only my spouse** will have the option of requesting a 50% survivor benefit as long as he/she is my **sole primary beneficiary**.

Member Signature: _____ **Date:** _____

Please return this form to: