Date Stamp Here

Uniformed Retirement System Data

Date Stamp Here

Last Name *First Name* *Initial*

Mailing Address *City* *State* *Zip*

Social Security Number *EIN* *Contact Phone Number*

Date of Birth (DOB)			Sex
Month	*Day*	*Year*	☐ Male
			☐ Female

Marital Status	
☐ Single	☐ Divorced
☐ Married	☐ Widowed

Date Employed	Department/Agency	Previous County Employment?

All new hires who participate in the Uniformed Retirement System (URS), effective on or after January 1, 2013, will be members of URS Plan E.

Retirement System Beneficiary Designation

In the event of your death, having beneficiary information on file with the Retirement Systems will make handling your affairs easier for your survivors. Please do not leave blank; information can be changed at any time. For more information, please visit the Retirement Systems website *at http://www.fairfaxcounty.gov/retirement/active_uniformed/beneficiaries.htm*.

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. If you are not married at the time of your death, your beneficiary is entitled to a refund of all your contributions and interest. Refunds are paid out of the system within 60-90 days after receipt of your death certificate.

Primary Beneficiary Name(s)	Address	Relationship	DOB	SSN	%

(If you have a spouse, you may want your spouse to be your sole primary beneficiary - see Retirement System Handbook.)

Contingent Beneficiary Name(s)	Address	Relationship	DOB	SSN	%

(A Contingent Beneficiary is/are the payee(s) who will be paid if your primary beneficiary is already deceased.)

A member may designate as many beneficiaries as he/she chooses. Make sure the information is clearly stated with regards to percentages for each beneficiary.

☐ *Check this box if you have provided any additional beneficiary names or information on the back of this page.*

Please make a copy for your records
and return this original form to the
Fairfax County Retirement Systems
10680 Main Street, Suite 280, Fairfax, VA 22030
703-279-8200 ♦ TTY: 711 ♦ FAX: 703-273-3185

Signature of Member *Date of Signature*