Form POLICE Officers RETIREMENT SYSTEM

#P017 _2/27/2020

Date Stamp Here

Beneficiary Change Request

Date Stamp Here

Last Name:	First Name:		Middle Initial:
Address:	City:	State:	Zip:
Social Security #:	Phone #:	☐ Male ☐ Female	Date of Birth: *Month Day Year*
☐ Single ☐ Divorced ☐ *Married ☐ Widowed	☐ New Hire ☐ Rehired**	Start Date:	Department/ Agency:

All new hires who participate in the Police Officers Retirement System (PORS), effective on or after July 1, 2019, will be members of ***PORS Plan C.***

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 beneficiary information blank as it can be changed at any time by filling out a form from our website at *www.fairfaxcounty.gov/retirement/forms-z.*

If you die, and you have a spouse and/or dependent children, they will receive the automatic benefit that is payable to surviving spouses and dependents of members of the Fairfax County Police Retirement System. *If you are married, only your spouse can be your primary beneficiary. Please visit *www.fairfaxcounty.gov/retirement* for specific information on Police System death benefits.

If you do not have a spouse or dependent children at the time of your death, your beneficiary is entitled to a refund of all your contributions. Refunds are paid out of the system within 60-90 days after receipt of your death certificate.

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 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*

☐ Primary OR ☐ Alternate	Name:		%
Relationship:	SSN:	DOB:	
Address if different from above:			
☐ Primary OR ☐ Alternate	Name:		%
Relationship:	SSN:	DOB:	
Address if different from above:			
☐ Primary OR ☐ Alternate	Name:		%
Relationship:	SSN:	DOB:	
Address if different from above:			
☐ Primary OR ☐ Alternate	Name:		%
Relationship:	SSN:	DOB:	
Address if different from above:			
*Comments (what was changed):			

Member Signature: _____ ***Date:*** _____

Please return this original form to:

FAIRFAX COUNTY Retirement SYSTEMS
EMPLOYEES' POLICE Officers UNIFORMED

Fairfax County Retirement Systems
12015 Lee Jackson Memorial Hwy. * Suite 350 * Fairfax, VA 22033
703-279-8200 * TTY: 711 * 1-800-333-1633 * Fax: 703-653-9543
www.fairfaxcounty.gov/retirement/