



Did you know ERFCDirect is your online account portal? Access your personal information at www.erfc.direct



3110 Fairview Park Drive, Suite 300
Falls Church, VA 22042
703-426-3900 | erfcension.org

Application for Retirement Benefits - ERFC 2001 Plan

<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle Initial
<hr/>		<hr/>
Street Address		Apt. Number
<hr/>		<hr/>
City	State	Zip Code
<hr/>		<hr/>
Retirement Date	Employee ID Number	Birth Date (month/day/year) Documentation is Required
<hr/>		<hr/>
Home Telephone Number (area code-xxx-xxxx)		Home Email:
<hr/>		<hr/>
Payment Option: (See description of Benefit Payment Types/Payment Options enclosed)		
<input type="checkbox"/> -Basic Benefit	<input type="checkbox"/> -Option A (100% Survivor Benefit)	<input type="checkbox"/> -Option B (50% Survivor Benefit)
		<input type="checkbox"/> -Option C (120 Payments Certain)
		<input type="checkbox"/> -Small Pension Benefit*
		<small>*Check only if your benefit estimate projects an annuity of \$100 or less per month</small>

Complete the following section *only* if you chose one of the Survivor Payment Options (A, B, or C)

<hr/>		
Contingent Annuitant's First Name	Middle Initial	Last Name
<hr/>		
Relationship	Birth Date (month/day/year) Documentation is Required	SSN
<hr/>	<hr/>	<hr/>

I hereby certify that all information provided in this document is true, and I understand that any willful falsification of facts presented may result in prosecution. I also agree that in the event ERFC pays retirement benefits in excess of what I am entitled, I or my estate will repay the excess amount to ERFC. I understand that any pension amount that totals \$100 or less per month will be paid to me in a one-time, lump-sum payment, in accordance with ERFC Regulations that govern the payment of small pension amounts. I further understand that in the event of my death, no survivor benefits will be paid to my spouse or anyone else unless I have checked the appropriate box above for Option A, B, or C. I also understand that each of the elections I have made on this form is irrevocable, and that I will not be able to change any of these elections after the effective date of my retirement unless the ERFC Plan Document specifically permits such a change. I have reviewed the retirement estimate provided to me by ERFC, and I am knowledgeable of the estimated benefit amounts specified in my final estimate calculation.

Signature of Member

Date (month/day/year)

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**

State of _____ City/County of _____

On this _____ day of _____, 20_____, the member whose name is signed above personally appeared before me and acknowledged the foregoing signature to be his or hers, and having been duly sworn by me, made oath that the statements in the said instrument are true.

Notary Registration # _____

My commission expires

Notary Signature