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Falls Church, VA 22042  
703-426-3900 | [erfcension.org](http://erfcension.org)

## Application for Retirement Benefits - ERFC Plan

Last Name _____		First Name _____	Middle Initial _____	<input type="checkbox"/> F <input type="checkbox"/> M	
Street Address _____			Apt. Number _____		
City _____		State _____	Zip Code _____		
Retirement Date _____	Social Security Number _____	Birth date (month/day/year) <b>Documentation is Required</b>			
Occupation _____	Work Location _____	Home Telephone Number (area code-xxx-xxxx) _____			
Home Email _____					
<b>Retirement Type:</b> (Refer to Estimate)					
<input type="checkbox"/> -Full Service <input type="checkbox"/> -Reduced Service <input type="checkbox"/> -Deferred Vested <input type="checkbox"/> -Ordinary Disability <input type="checkbox"/> -Service-Connected Disability					
<b>Benefit Payment Type:</b> (Refer to Estimate)					
<input type="checkbox"/> -Standard Formula <input type="checkbox"/> -Alternative "Guarantee" <input type="checkbox"/> -Alternative Level "Guarantee" <input type="checkbox"/> -Level Lifetime Benefit (LLB)					
<b>Payment Option:</b> (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"/> -Option D (Single Sum Payment)	<input type="checkbox"/> -Small Pension Benefit* *Check <u>only</u> if your benefit estimate projects an annuity of \$100 or less per month

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

Contingent Annuitant's First Name _____		Middle Initial _____	Last Name _____
Relationship _____	Birth Date (month/day/year) <b>Documentation is Required</b>		Social Security Number _____

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 and the applicable reductions that will occur at the ages 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 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 _____