



Arlington County Employees' Retirement System

2100 Clarendon Blvd., Suite 511

Arlington, VA 22201

Phone: (703) 228-3500 option 1

Fax: 703-228-3265

Benefits@arlingtonva.us

DESIGNATION OF BENEFICIARY

PART A. MEMBER/RETIREE INFORMATION

1. Name (First, Middle Initial, Last)	2. Social Security Number (Last 4 digits)
3. Address (Street, City, State, Zip)	4. Birth Date
5. Employee number	6. Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART B. BENEFICIARIES FOR ARLINGTON COUNTY EMPLOYEES' RETIREMENT SYSTEM (ACERS) EMPLOYEE CONTRIBUTIONS

I revoke any previous designations and elect payment of my ACERS contributions plus accumulated interest to the beneficiaries designated below.

FULL NAME (First, Middle Initial, Last)		SOCIAL SECURITY NUMBER (Last 4 digits)	
ADDRESS (Street, City, State, Zip)			
BENEFICIARY TYPE (check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	SHARE %	RELATIONSHIP	BIRTH DATE
FULL NAME (First, Middle Initial, Last)		SOCIAL SECURITY NUMBER (Last 4 digits)	
ADDRESS (Street, City, State, Zip)			
BENEFICIARY TYPE (check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	SHARE %	RELATIONSHIP	BIRTH DATE
FULL NAME (First, Middle Initial, Last)		SOCIAL SECURITY NUMBER (Last 4 digits)	
ADDRESS (Street, City, State, Zip)			
BENEFICIARY TYPE (check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	SHARE %	RELATIONSHIP	BIRTH DATE

Please attach additional forms if designating more than 3 beneficiaries

PART C. CERTIFICATION

Member Certification: I do hereby revoke all previous designations of primary and contingent beneficiaries, if any, and designate the beneficiary(ies) as indicated in Part B of this form to receive the accumulated retirement contributions plus interest credited to my ACERS account at the time of my death. I reserve the right to change the beneficiary designations without the consent of said beneficiary(ies). All information I provide in this document is true and I understand that any willful falsifications of facts presented may result in prosecution as provided by law. (Persons holding a Power of Attorney, acting under a Guardianship, or acting as a Trustee may not make or change any beneficiary designation unless the relevant documentation specifically grants the authority to do so. Persons not holding such documents may not make or change any member's beneficiary designation unless granted the authority to do so by the court order.)

Member Signature _____ Date _____



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Instructions for Completing the Designation of Beneficiary

Complete this form to designate beneficiary(ies) for your ACERS contributions plus interest. If you previously completed a Designation of Beneficiary Form and wish to change beneficiaries, you must complete this form to revoke any prior designations. If no beneficiaries are designated, accumulated contributions and interest will be paid to your estate.

Beneficiary Types: When you choose beneficiaries, you must indicate whether each beneficiary is primary or contingent.

- a. Primary: Person(s) to receive the benefit payable upon your death
- b. Contingent: Person(s) to receive the benefits payable upon your death, if the primary beneficiary(ies) die(s) before you.

Share %: You may provide less than 100% share to your beneficiaries. The total primary designation must equal 100% and the total contingent designation must equal 100%.

Death During County Service:

If you die while employed by the County, after being a member of the retirement system for 2 or more years, and you have named your spouse as your beneficiary, your spouse will have the option of receiving a refund of the contributions and interest credited to your account or a monthly annuity of 50% of your Single Life annuity benefit, so long as your spouse remains single. Non-spousal beneficiaries will be entitled to a refund of the contributions and interest credited to your account. If no designation of beneficiary is on file, your account is paid to your estate.

Death After Separation from County Service:

If you die after you have ended your employment with Arlington County Government but before beginning to receive a monthly retirement benefit, a refund of the contributions and interest credited to your account is paid to your named beneficiary(ies); or if no designation of beneficiary is on file, to your estate.

Other Key Points to Remember

1. This form is not used to designate a beneficiary for any defined contribution, deferred compensation, or life insurance that you may have as a part of your employment. Active employees can designate life insurance beneficiaries in PRISM. Beneficiary forms for 457 Deferred Compensations, 401 Defined Contribution, and DROP can be found at <http://careers.arlingtonva.us/retiree-benefits-information/retiree-info-forms/>
2. If you name multiple primary beneficiaries the proceeds will be split equally unless you instruct otherwise in the "SHARE %" box for each beneficiary on this form.
3. To be valid, this form must be filled out completely using given names such as "Mary L. Doe" rather than "Mrs. John Doe".
4. If a minor (child less than 18 years of age) is named as beneficiary, a guardian for the financial estate of the minor must be appointed by the court before benefits can be paid.
5. If an estate is named as beneficiary, a Probated Will appointing an administrator or executor must be provided or the court must appoint an administrator or an executor before benefits can be paid.
6. If a Trust is named beneficiary, list the name of the trustee and the date that the trust agreement was completed. Do not submit a copy of the trust with this form. A copy will be requested when the claim for benefits is made.
7. Forms that have been altered cannot be accepted. If you make an error when completing this form, either complete a new form or initial next to the changed information.