



Submit completed form to:
County Employees' Retirement Fund
2121 Schotthill Woods Drive
Jefferson City, MO 65101
Toll Free: 877-632-2373
Fax: 573-761-4404

Version 5.3

FORM 9
APPLICATION BY SPOUSE

The participant's spouse completes and signs this form when a vested participant has died prior to drawing a retirement benefit and the spouse is eligible to apply for benefits. A copy of the Death Certificate must accompany this form. The spouse is required to sign page 1 of this form.

PARTICIPANT INFORMATION

Social Security Number _____ - _____ - _____ Current, or Last County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Gender Male Female Date of Birth ____ / ____ / ____ Date of Death ____ / ____ / ____

SPOUSE INFORMATION

Social Security Number _____ - _____ - _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone/Cell (_____) _____

Gender Male Female Date of Birth ____ / ____ / ____

TERMINATION EVENT

Participant died:

- While employed. After termination of employment, having made an election to draw a future retirement benefit.

At time of death, participant was:

- Under age 62. Age 62 or older.

If participant was **under age 62** at time of death, the spouse will be given the option of receiving a reduced benefit at the time of the participant's death or receiving a full benefit when the participant would have turned 62.

REQUIRED SIGNATURES

I hereby certify that the information given concerning the deceased participant is correct. I understand any misrepresentation of fact will result in an adjustment of benefits and/or appropriate legal action.

Signature of Spouse _____ **Date** _____

REQUIRED ATTACHMENTS

- Copy of Death Certificate.
- Copy of driver's license, birth certificate or state-issued ID for the spouse listed above.