



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 5.8

**FORM 2B – RETIREMENT APPLICATION
 DESIGNATION OF SURVIVOR**

The participant completes this form if he/she terminates employment with the county after 12/31/1999 and has completed a minimum of eight years in an eligible position. This form must be completed, signed, dated, and returned to the CERF Administrative Office 30-90 days prior to the commencement of benefits.

PARTICIPANT INFORMATION

Social Security Number _____ - _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Gender Male Female Marital Status Married Single Date of Birth ____/____/____

Email Address _____

Please complete either the Declination of Survivor Benefits or Survivor Information sections below.

DECLINATION OF SURVIVOR BENEFIT (Initial below, if applicable)

_____ I decline to designate a survivor and understand that I will only be provided Single Life, 10-Year Certain & Life, and, if applicable, Single Life Level Income benefits information.

SURVIVOR INFORMATION (Complete if you choose to designate a survivor; do not complete if the survivor benefit was previously declined)

Social Security Number _____ - _____ Relation to Participant _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Cell Phone (____) _____

Gender Male Female Marital Status Married Single Date of Birth ____/____/____

REQUIRED SIGNATURE – See Below

I hereby designate the aforesaid individual as the beneficiary of my pension benefit. I understand that upon receipt of my benefit calculation, which calculates the benefit options based on the designated survivor, I may designate a different survivor. The selection of a different survivor will require a new benefit calculation. If the 10-Year Certain & Life option is selected as the Final Benefit Option, I will be provided a form to designate co-annuitant(s). I further understand that after my benefits commence, I may no longer change my co-annuitant. If I return to county employment 31 days or more after the Date of Termination on this form and have elected to begin receiving a CERF retirement benefit immediately, I understand that I must work less than 1,000 hours in a calendar year to continue receiving a benefit from the County Employees' Retirement Fund, otherwise my retirement benefit will be suspended until I separate from service.

I hereby apply to draw a retirement annuity from the County Employees' Retirement Fund. I understand any misrepresentation of fact will result in an adjustment of benefits and/or appropriate legal action.

Signature of Participant _____ **Date**** _____

** Form must be dated at least 30, but not more than 90, days prior to the commencement of benefits.

REQUIRED ATTACHMENTS

- Copy of driver's license, birth certificate or state issued ID for the participant listed above.
- Copy of driver's license, birth certificate or state issued ID for the survivor listed above.