



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

**COMPLETE AND RETURN
 ONLY IF YOU CHOOSE THE
 10-YEAR CERTAIN AND
 LIFE OPTION. THANK YOU!**

Version 5.4

**FORM 2C
 CO-ANNUITANT FOR 10-YEAR CERTAIN**

Complete this form if you selected the 10-Year Certain & Life option as your Final Benefit Option.

PARTICIPANT INFORMATION

Social Security Number _____ - _____ - _____ County of Employment _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone/Cell (_____) _____
 Gender Male Female Marital Status Married Single Date of Birth ____ / ____ / ____

CO-ANNUITANT INFORMATION (Percentage of Benefit for ALL co-annuitants must total 100%.)

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone/Cell (_____) _____ Gender Male Female Date of Birth ____ / ____ / ____

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone/Cell (_____) _____ Gender Male Female Date of Birth ____ / ____ / ____

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone/Cell (_____) _____ Gender Male Female Date of Birth ____ / ____ / ____

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone/Cell (_____) _____ Gender Male Female Date of Birth ____ / ____ / ____

REQUIRED SIGNATURE – See Below

I hereby designate the aforesaid individual(s) as the co-annuitant/beneficiary of my pension benefit

Signature of Participant _____ **Date** _____