



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

**FORM 3A**  
**DEATH BENEFITS – DESIGNATED NON-SPOUSE**  
**(\$10,000 DEATH BENEFIT)**  
**PAYMENT ELECTION**

*The designated non-spouse beneficiary should receive a copy of the instructions and complete and sign this form indicating the election for payment of the death benefit.*

**PARTICIPANT INFORMATION**

Social Security Number	- -		
First Name		Initial	Last Name

**PAYMENT OPTIONS**

*Check the desired option for federal income tax withholdings.*

**Option A – Distribution paid directly to you with the mandatory 20% withholding.**

I want additional federal income tax withheld in the amount of \$\_\_\_\_\_. In order to have additional federal income tax withheld, you must complete and sign IRS Form W-4P and return it with this completed form. A copy of Form W-4P is available by contacting the County Employees' Retirement Fund or downloading it from its website, [www.mocerf.org](http://www.mocerf.org).

Check

Direct Deposit \_\_\_\_\_ Checking Account (attach voided check) \_\_\_\_\_ Savings Account (attach voided deposit slip)

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Option B – Direct rollover, thereby avoiding any federal income tax withheld from your distribution on the amount rolled over.**  
*This is only available to a **designated non-spouse beneficiary**.*

I want a direct rollover of \_\_\_\_% (not to exceed 100%)/or \$\_\_\_\_\_ from my distribution to my TRADITIONAL IRA **OR** ROTH IRA opened for the purpose of receiving this distribution and I want the remainder (if any) to be distributed directly to me. I understand that any amount paid directly to me will be subject to federal income tax.

**IRA INFORMATION.** The rollover should be directed to the following IRA which must be titled in a manner that identifies it as an IRA of the deceased individual and you as the beneficiary (inherited IRA):      *Check one:*     Traditional IRA       Roth IRA

IRA of \_\_\_\_\_ and \_\_\_\_\_, as beneficiary, Identification/Account Number \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Contact Name and Telephone Number \_\_\_\_\_

**CERTIFICATION AND REQUIRED SIGNATURE**

I acknowledge that I have been given a copy of the accompanying instructions and hereby elect the above form of distribution. I understand that I am liable for all payment of federal income tax on the taxable portion of my distribution even if it exceeds the mandatory 20% income tax withheld. I may also be subject to penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. If an IRA was elected above, I certify that it was established for the purpose of receiving this distribution and constitutes, or is intended to constitute, an individual retirement plan as described in Section 402(c)(8)(B)(i) or (ii) of the Internal Revenue Code of 1986, as amended (the "Code") and shall be treated as an inherited IRA, as described in Section 408(d)(3)(C) of the Code.

<b>Signature (Beneficiary)</b>	<b>Social Security Number</b>	<b>Date</b>
	- -	

Address				
City			State	Zip
Home Phone			Cell Phone	

**Continue to page 2 if the Beneficiary is a Minor or Trust**

**COMPLETE THIS SECTION IF THE BENEFICIARY IS A MINOR OR TRUST**

If the beneficiary is a minor:					If the beneficiary is a trust:						
Name of Custodial Account					Name of Trust						
Account Number											
Tax ID Number					Tax ID Number						
<b>Bank Information</b>											
Bank Name											
Address					Address						
City		State		Zip		City		State		Zip	
Bank Contact Name				Phone							