



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

The beneficiary spouse completes and signs this form indicating the election for payment of the \$10,000 death benefit distribution.

PARTICIPANT INFORMATION

Social Security Number	XXX - XX -				
First Name		Initial		Last Name	

I have read this notice in its entirety and wish to have my distributions paid in the following manner:

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.

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.

The rollover should be directed to the following eligible retirement plan. I certify that to the best of my knowledge, the following plan is an eligible retirement plan.

The rollover should be directed to the following IRA. The IRA to which my rollover should be directed is a (check one):

Traditional IRA

Roth IRA

Employer Plan/IRA Information

Name of Employer Plan or IRA		Account Number	
Address		City	State Zip
Contact Person		Contact Phone Number	()

REQUIRED SPOUSE INFORMATION AND SIGNATURE (See below)

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.

Social Security Number	XXX - XX -				
First Name		Initial		Last Name	
Address		City		State	Zip
Home Phone	()	Cell Phone	()		
Signature of Spouse				Date	