



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 3C
DEATH BENEFITS – NON-DESIGNATED NON-SPOUSE
(\$10,000)
WITHHOLDING ELECTION

The non-designated non-spouse beneficiary **should receive a copy of the instructions** and complete and sign this form indicating his withholding election with respect to the death benefit.

PARTICIPANT INFORMATION

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

WITHHOLDING OPTIONS

Check the desired option for federal income tax withholdings.

Option A – No withholding. I do not want federal income tax withheld from my distribution.

Option B – 10% Withholding. I do want to have 10% federal income tax withheld from my distribution.

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: _____

CERTIFICATION AND REQUIRED SIGNATURE

I acknowledge that I have been given a copy of the accompanying instructions and hereby elect the above level of federal income tax withholding. I understand that I am liable for payment of federal income tax on the taxable portion of my distribution even if I do not elect to have federal 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.

| | | | |
|--------------------------------|--|-------------------------------|-------------|
| Signature (Beneficiary) | | Social Security Number | Date |
| | | XXX - XX - | |
| Address | | | |
| City | | State | Zip |
| Home Phone | | Cell Phone | |

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 | | | | Tax ID Number | | | |
| Bank Information | | | | | | | |
| Bank Name | | | | Address | | | |
| Address | | | | Address | | | |
| City | | State | | City | | State | |
| Bank Contact Name | | Phone | | | | | |