



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 5.3

**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		- -	
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.

<b>Signature (Beneficiary)</b>		<b>Social Security Number</b>	<b>Date</b>
		- -	
<b>Address</b>			
City	State	Zip	
Home Phone	Cell Phone		

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

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