



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 4A
DEATH BENEFITS – DESIGNATED NON-SPOUSE
(UNMARRIED VESTED AND NON-VESTED REFUND)
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.

Withhold additional federal income tax 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 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.

Signature (Beneficiary)	Social Security Number	Date
	- -	

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				
Bank Information									
Bank Name									
Address					Address				
City		State		Zip	City		State		Zip
Bank Contact Name			Phone						