



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 4B
DEATH BENEFIT – SPOUSE (NON-VESTED REFUND)
PAYMENT ELECTION

The beneficiary spouse completes and signs this form indicating the election for payment of the non-vested refund of contributions.

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:

<input type="checkbox"/>	Option A – Distribution paid directly to you with the mandatory 20% withholding.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Check
<input type="checkbox"/>	Direct Deposit _____ Checking Account (attach voided check) _____ Savings Account (attach voided deposit slip)
	Name of Financial Institution: _____
	Routing Number: _____ Account Number: _____
<input type="checkbox"/>	Option B – Direct rollover, thereby avoiding any federal income tax withheld from your distribution.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The rollover should be directed to the following IRA. The IRA to which my rollover should be directed is a (check one):
<input type="checkbox"/>	Traditional IRA
<input type="checkbox"/>	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	