



Submit completed form to:  
**County Employees' Retirement Fund**  
 2121 Schotthill Woods Drive  
 Jefferson City, MO 65101  
 Toll Free: 877-632-2373 (UNMARRIED VESTED AND NON-VESTED REFUND OF CONTRIBUTIONS)  
 Fax: 573-761-4404

**DEATH BENEFITS – NON-DESIGNATED NON-SPOUSE  
 WITHHOLDING ELECTION**

The non-designated non-spouse beneficiary **should receive a copy of the instructions** and complete and sign this form indicating tax withholding with respect to the non-vested refund of contributions.

**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 the distribution.

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

Withhold additional federal income tax in the amount of \$ \_\_\_\_\_. In order to have additional 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 the payee is liable for payment of federal income tax on the taxable portion of the distribution even if no election is made to have federal income tax withheld. I understand there could be a penalty imposed under the estimated tax payment rules if payments of estimated tax and withholding, if any, are not adequate.

Signature (Beneficiary/Custodian/Trustee/Personal Representative)	Social Security Number	Date
	- -	

Address			
City	State	Zip	
Home Phone	Cell Phone		

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

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