



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 2A  
 REFUNDS  
 PAYMENT ELECTION**

The participant **should receive a copy of the accompanying Instructions** and complete and sign this form indicating the election for payment of refunded contributions.

**PRE-TAX AND/OR AFTER-TAX CONTRIBUTIONS**

If you wish to have a portion of the payment made to you and a portion rolled over, mark both PAID TO ME and DIRECT ROLLOVER and indicate the amount of the payment you wish to have rolled over. In order for you to roll over all of your contributions, your contributions must equal at least \$200; otherwise, the payment must be made to you. If you have over \$500 in contributions, you may choose to have a portion paid to you and a portion rolled over. The part that is rolled over must total at least \$500.

<input type="checkbox"/>	<b>Paid to Me</b> (20% taxes will be withheld).		
<input type="checkbox"/>	<b>Direct rollover.</b>		
<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 ( <i>check one</i> ):		
	<input type="checkbox"/>	Traditional IRA	
	<input type="checkbox"/>	Roth IRA	
<b>Employer Plan/IRA Information</b>		Name of Employer Plan or IRA	
Amount of Rollover		Account Number	
Address		City	
Contact Person		Contact Phone Number ( )	

**REQUIRED SIGNATURE (See below)**

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ County of Previous Employment \_\_\_\_\_  
 First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone/Cell ( ) \_\_\_\_\_

I acknowledge that I have been given a copy of the accompanying Instructions and hereby elect the form of distribution I have indicated above.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_