



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

The 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		Suffix	

PAYMENT OPTIONS

Check the desired option for federal income tax withholdings.

Option A – Distribution paid directly to you.

I do not want federal income tax withheld from my distribution.

I do want to have 10% federal income tax withheld from my distribution.

I want additional federal income tax withheld in the amount of \$_____. I will submit Form W-4P with this form. 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.

Option B – Direct rollover. (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 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.

I want a direct rollover of ____% (not to exceed 100%)/or \$_____ from my distribution to my 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 both the taxable amount of any amount rolled over to my Roth IRA and any amount paid directly to me will be subject to federal income tax.

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):

IRA of _____ and _____, as beneficiary, Identification/Account Number _____

Beneficiary Address _____ City _____ State _____ Zip _____

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 payment of federal income tax on the taxable portion of my distribution even if I don't 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. 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)	Date	Beneficiary (Home/Cell):	(Work):
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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				Address			
Bank Information							
Bank Name				Address			
Address				City			
City		State		City		State	
Bank Contact Name		Tele.					