



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-designated non-spouse beneficiary **should receive a copy of the Instructions** and complete and sign this form indicating his withholding election with respect to the death benefit.

PARTICIPANT INFORMATION

Social Security Number	-	-				
First Name		Initial		Last Name	Suffix	

WITHHOLDING OPTIONS

Check the desired option for federal income tax withholdings.

Option A – No withholding. I do not want federal income tax withheld from my distribution.

Option B – 10% Withholding. 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.

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 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.

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				
Bank Information									
Bank Name									
Address					Address				
City		State		Zip	City		State		Zip
Bank Contact Name					Tele.				