



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 1A**  
**BENEFICIARY DESIGNATION-\$10,000 DEATH BENEFIT**

The participant completes and signs this form upon an employee's commencement of county employment in an eligible position to designate beneficiaries of the \$10,000 death benefit through the County Employees' Retirement Fund. **PAGE 2 MUST BE SIGNED BY THE PARTICIPANT.**

**PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ County of Employment \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

**PRIMARY BENEFICIARIES OF \$10,000 DEATH BENEFIT**  
*Percentage of Benefit for ALL primary beneficiaries must total 100%.*

Check box if this is a change from previous beneficiary designations.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Continue to Page 2 for Contingent Beneficiary Designation and REQUIRED Participant Signature**

**CONTINGENT BENEFICIARIES OF \$10,000 DEATH BENEFIT**

*Percentage of Benefit for ALL contingent beneficiaries must total 100%.*

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Cell ( \_\_\_\_\_ ) Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Cell ( \_\_\_\_\_ ) Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Cell ( \_\_\_\_\_ ) Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Cell ( \_\_\_\_\_ ) Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Cell ( \_\_\_\_\_ ) Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ Relation to Participant \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone/Cell ( \_\_\_\_\_ ) Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REQUIRED SIGNATURE – See Below**

I am designating the above person(s) as my primary and contingent beneficiaries of my \$10,000 death benefit through the County Employees' Retirement Fund. If none of these persons are alive when I die, my benefit will be distributed in the manner provided by law. I revoke all prior designations regarding these funds. I understand that any dissolution or annulment of marriage following the execution of this form shall have no effect on the designation of my spouse or relative of my spouse as beneficiary hereunder. I reserve the right to revoke any designation by making another written designation. I agree that unless and until I submit another written designation, any and all designations made hereunder shall remain in full force and effect. **Unless otherwise stated by me, my beneficiaries' interest in this benefit is as joint tenants with right of survivorship. The interest of any beneficiary (and related heirs) terminates if he or she dies before I do. The indicated share of the other beneficiaries will increase on a pro rata basis.** I understand these beneficiary designations will become void once I terminate from county employment.

**Signature of Participant**

**Date**

**Social Security Number**