



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 5.5

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%.

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(s) 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 / /

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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