



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 2B  
DESIGNATION OF SURVIVOR**

The participant completes this form if he/she terminates employment with the county after 1/1/2000 and has completed a minimum of eight years in an eligible position. **This form must be completed, signed, dated, and returned to the CERF Administrative Office 30-90 days prior to the commencement of benefits.**

**PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Employment \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Gender  Male  Female Marital Status  Married  Single Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SURVIVOR INFORMATION**

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

**DECLINATION OF SURVIVOR BENEFIT (Initial box, if applicable)**

I decline to designate a survivor and understand that I will only be provided Single Life, 10-Year Certain & Life, and, if applicable, Single Life Level Income benefits information.

**REQUIRED SIGNATURE – See Below**

I hereby designate the aforesaid individual as the beneficiary of my pension benefit. I understand that upon receipt of my benefit calculation, which calculates the benefit options based on the designated survivor, I may designate a different survivor. The selection of a different survivor will require a new benefit calculation. If the 10-Year Certain & Life option is selected as the Final Benefit Option, I will be provided a form to designate co-annuitant(s). I further understand that after my benefits commence, I may no longer change my co-annuitant. If I return to county employment 31 days or more after the Date of Termination on this form and have elected to begin receiving a CERF retirement benefit immediately, I understand that I must work less than 1,000 hours in a calendar year to continue receiving a benefit from the County Employees' Retirement Fund, otherwise my retirement benefit will be suspended until I separate from service.

I hereby apply to draw a retirement annuity from the County Employees' Retirement Fund. I understand any misrepresentation of fact will result in an adjustment of benefits and/or appropriate legal action.

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

\*\* Form must be dated at least 30, but not more than 90, days prior to the commencement of benefits.

**REQUIRED ATTACHMENTS**

- Copy of driver's license, birth certificate or state issued ID for the survivor listed above.