



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 5.2

FORM 2C
CO-ANNUITANT FOR 10-YEAR CERTAIN

Complete this form if you selected the 10-Year Certain & Life option as your Final Benefit Option.

PARTICIPANT INFORMATION

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

CO-ANNUITANT INFORMATION (Percentage of Benefit for ALL co-annuitants 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 ____ / ____ / ____

REQUIRED SIGNATURE – See Below

I hereby designate the aforesaid individual(s) as the co-annuitant/beneficiary of my pension benefit

Signature of Participant _____ **Date** _____

REQUIRED ATTACHMENTS

- Copy of driver's license, birth certificate or state issued ID for each co-annuitant listed above.