



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

Complete and sign page 1 of 2 for payment of the \$10,000 death benefit. The County Clerk completes this form for **each primary beneficiary** designated by the participant who was an active employee of the county, or was on approved leave of absence for medical reasons for less than 12 months, or on military leave, at the time of death. Part-time and seasonal employees are eligible for the death benefit only during the months in which they work. A copy of the Certificate of Death and the most current beneficiary form must accompany this form. **Note: Complete page 2 of 2 for a refund of contributions for a single, vested participant who has died.**

PARTICIPANT INFORMATION

Social Security Number _____ - - County of Employment _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Date of Birth ____ / ____ / ____ Date of Death ____ / ____ / ____

EMPLOYMENT INFORMATION (to be completed by County Clerk)

Original Date of Hire ____ / ____ / ____ CERF Eligibility Date ____ / ____ / ____ LAGERS Non-LAGERS
Note: In some cases the Original Date of Hire precedes the CERF Eligibility Date.

Department _____ Position _____

BENEFICIARY INFORMATION

Social Security Number _____ - -
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Gender Male Female Date of Birth ____ / ____ / ____

CERTIFICATION BY BENEFICIARY/CUSTODIAN

I hereby certify that I am the:

- Individual listed as a beneficiary on the above-named participant's beneficiary form.
 Were you married to the participant at the time of the participant's death? Yes No
- Trustee of this participant's beneficiary trust. (Attach copy of trust agreement.)
- Personal representative. (Attach certified copy of letter of appointment.)
- Custodian of the account for a minor child. (Custodial account with a Tax ID Number must be established to have payment of death benefit to minor child direct deposited to the account.)

REQUIRED SIGNATURES – See Below

I hereby certify that the above information is true and correct. I understand that when this initial payment request is received at the CERF Administrative Office, a packet will be sent to me to make decisions concerning the taxability of this benefit.

Signature of Beneficiary or Custodian _____ **Date** _____

I hereby certify that the participant was an active employee of the county or was on approved leave of absence for medical reasons for less than 12 months, or on military leave, on the date of death listed on the attached death certificate.

Signature of County Clerk _____ **Date** _____

REQUIRED ATTACHMENTS

- Copy of Death Certificate.
- Copy of participant's most recent Beneficiary Form from the County Clerk Office.
- Copy of non-spouse beneficiary's driver's license, birth certificate or state issued ID.



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FORM 3
PAYMENT OF DEATH BENEFIT (SINGLE, VESTED)

Complete and sign page 2 of 2 for a refund of contributions for a single, vested participant who has died. The County Clerk must complete the Employment Information and sign this page **only** if the participant was an active employee of the county, or was on approved leave of absence for medical reasons for less than 12 months, or on military leave, at the time of death. A copy of the Certificate of Death and the most current beneficiary form must accompany this form.
Note: Complete page 1 of 2 for payment of the \$10,000 death benefit.

PARTICIPANT INFORMATION

Social Security Number _____ - _____ County of Employment _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Date of Birth ____ / ____ / ____ Date of Death ____ / ____ / ____

BENEFICIARY INFORMATION

Social Security Number _____ - _____
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Gender Male Female Date of Birth ____ / ____ / ____

CERTIFICATION BY BENEFICIARY/CUSTODIAN

I hereby certify that I am the:

- Individual listed as a beneficiary on the above-named participant's beneficiary form.
 Were you married to the participant at the time of the participant's death? Yes No
- Trustee of this participant's beneficiary trust. (Attach copy of trust agreement.)
- Personal representative. (Attach certified copy of letter of appointment.)
- Custodian of the account for a minor child. (Custodial account with a Tax ID Number must be established to have payment of death benefit to minor child direct deposited to the account.)

I hereby certify that the above information is true and correct. I understand that when this initial payment request is received at the CERF Administrative Office, a packet will be sent to me to make decisions concerning the taxability of this benefit.

Signature of Beneficiary or Custodian _____ **Date** _____

EMPLOYMENT INFORMATION (to be completed by the County Clerk)

Original Date of Hire ____ / ____ / ____ CERF Eligibility Date ____ / ____ / ____ LAGERS Non-LAGERS
Note: In some cases the Original Date of Hire precedes the CERF Eligibility Date.

Department _____ Position _____

I hereby certify that the participant was an active employee of the county or was on approved leave of absence for medical reasons for less than 12 months, or on military leave, on the date of death listed on the attached death certificate.

Signature of County Clerk _____ **Date** _____

REQUIRED ATTACHMENTS

- Copy of Death Certificate.
- Copy of participant's most recent Beneficiary Form from the County Clerk Office.
- Copy of non-spouse beneficiary's driver's license, birth certificate or state issued ID.