



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 3A
PAYMENT OF DEATH BENEFIT (\$10,000)
PAYMENT OF DEATH BENEFIT (SINGLE, VESTED)
FEDERAL TAX ELECTION – NON-SPOUSE

The beneficiary completes and signs this form indicating the election for payment of the death benefit distribution.

PARTICIPANT INFORMATION

Social Security Number		-	-				
First Name		Initial		Last Name		Suffix	

PAYMENT OPTIONS

Check the desired option for federal income tax withholdings.

Option A – Distribution paid directly to you.

I do not want federal income tax withheld from my distribution.

I do want to have 10% federal income tax withheld from my distribution.

I want additional federal income tax withheld in the amount of \$_____. I will submit Form W-4P with this form. In order to have additional federal income tax withheld, you must complete and sign IRS Form W-4P and return it with this completed form. A copy of Form W-4P is available by contacting the County Employees' Retirement Fund.

Option B – Direct rollover.

I want a direct rollover of ____% (not to exceed 100%)/or \$_____ from my distribution to my IRA opened for the purpose of receiving this distribution and I want the remainder (if any) to be distributed directly to me. I understand that any amount paid directly to me will be subject to federal income tax.

I want to have a direct rollover. The rollover should be directed to the following IRA which must be identified as an IRA with respect to a deceased individual and also identifies the deceased individual and the beneficiary:

Name _____ Identification/Account Number _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Contact Telephone Number () _____

CERTIFICATION AND REQUIRED SIGNATURE

By the execution of this form, I hereby elect the above form of distribution and certify that the IRA above (if any) was established for the purpose of receiving this distribution and constitutes, or is intended to constitute, an individual retirement plan as described in Section 402(c)(8)(B)(i) or (ii) of the Internal Revenue Code of 1986, as amended (the "Code"). The IRA above (if any) shall be treated as an inherited IRA as described in Section 408(d)(3)(C) of the Code.

I understand that I am liable for payment of federal income tax on the taxable portion of my distribution even if I don't elect to have federal income tax withheld. I may also be subject to penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Signature of Beneficiary	Date	Beneficiary Tel: (Home)	(Work)
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COMPLETE THIS SECTION IF THE BENEFICIARY IS A MINOR OR TRUST

If the beneficiary is a minor:					If the beneficiary is a trust:				
Name of Custodial Account					Name of Trust				
Account Number									
Tax ID Number					Tax ID Number				
Bank Information									
Bank Name									
Address					Address				
City		State		Zip	City		State		Zip
Bank Contact Name					Tel. No.				