



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

The County Clerk and participant complete this form upon a full-time employee's termination of employment between January 1, 1990 and August 27, 1994.

**CONSULTANT INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Employment \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Gender  Male  Female Marital Status  Married  Single Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

If Original Date of Hire and CERF Eligibility Date are different, please explain \_\_\_\_\_

Date of Termination \_\_\_\_\_

**FINAL COMPENSATION INFORMATION**

Submit figures for final compensation. The average final compensation is calculated using the participant's two highest calendar years of compensation.

1. \$ \_\_\_\_\_ For the calendar year of \_\_\_\_\_

2. \$ \_\_\_\_\_ For the calendar year of \_\_\_\_\_

Check one of the following boxes.

- I wish to purchase the number of years of prior service that will yield the maximum benefit available.
- I wish to purchase \_\_\_\_\_ years of prior service.

**REQUIRED SIGNATURES**

I hereby elect to be employed as a special consultant to the County Employees' Retirement Fund (CERF). As such, I agree to be available to provide opinions on the problems of retirement to the Board of Directors of CERF upon their request. I understand that by making this election, I must pay 50% of the total buyback amount to participate. The Plan Administrator will bill me upon verification of my application. The other 50% of the total buyback amount may be deducted from my annuity payments in any manner acceptable by the provisions of the plan (CERF), or I may pay the full amount (100%) in one lump sum instead.

I understand that I will be notified upon verification of this information as to the buyback amount and retirement benefit calculations. Any misrepresentation of fact will result in an adjustment of benefits and/or appropriate legal action.

**Signature of Consultant** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby certify that the information with regard to the employment status and any prior service dates for the applicant in this county is correct. Attached to this form are copies of the employee's documentation of county income.\*

**Signature of County Clerk** \_\_\_\_\_ **Date** \_\_\_\_\_

**\* ACCEPTABLE DOCUMENTATION OF COUNTY INCOME**

- W-2s. If the W-2s do not reflect gross wages, a printout from county payroll records must accompany the W-2s, along with an explanation of any difference.
- A federal tax return (Form 1040) with supporting W-2s.
- A printout from County payroll records, accompanied by the Clerk's certification and seal.
- Other supporting documentation as approved by the Board of Directors.