



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 5.4

**FORM 6**  
**RETIREMENT APPLICATION**

*The participant completes this form if he/she terminated employment with the county prior to 01/01/2000 and completed a minimum of eight years in an eligible position. The participant is eligible to draw a retirement benefit at age 62 when these requirements are fulfilled. Only the participant's spouse, if applicable, can be designated as the co-annuitant.*

***This completed form must be 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 \_\_\_\_\_  
Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_  
Gender  Male  Female Marital Status  Married  Single Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SPOUSE INFORMATION** (Provide spouse information, if applicable.)

Social Security Number \_\_\_\_\_ - - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**REQUIRED SIGNATURE**

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. If I return to county employment, 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.

**Signature of Participant**

**Date\*\***

\*\*Form must be dated more than 30 days and less than 90 days prior to the commencement of benefits.

**REQUIRED ATTACHMENTS**

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