



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

**BENEFICIARY DESIGNATION-SINGLE VESTED DEATH BENEFIT**

The participant completes and signs this form. If you are single, obtain vested status, and die while actively employed with the county, your beneficiary(s) will receive a refund of your CERF contributions. These benefits are in addition to the CERF \$10,000 death benefit payable to your named beneficiary(s). **PAGE 2 MUST BE SIGNED BY THE PARTICIPANT.**

**PARTICIPANT INFORMATION**

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

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

**PRIMARY BENEFICIARIES OF SINGLE DEATH CONTRIBUTION BENEFIT**

*Percentage of Benefit for ALL primary beneficiaries must total 100%.*

Check box if this is a change from previous beneficiary designations.

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Continue to Page 2 for Contingent Beneficiary Designation and REQUIRED Participant Signature**

**CONTINGENT BENEFICIARIES OF SINGLE DEATH CONTRIBUTION BENEFIT**

*Percentage of Benefit for ALL contingent beneficiaries 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 am designating the above person(s) as my primary and contingent beneficiaries of my single death contribution benefit through the County Employees' Retirement Fund. If none of these persons are alive when I die, my benefit will be distributed in the manner provided by law. I revoke all prior designations regarding these funds. I reserve the right to revoke any designation by making another written designation. **Unless otherwise stated by me, my beneficiaries' interest in this benefit is as joint tenants with right of survivorship. The interest of any beneficiary (and related heirs) terminates if he or she dies before I do. The indicated share of the other beneficiaries will increase on a pro rata basis.** I understand these beneficiary designations will become void once I terminate from county employment.

**Signature of Participant**

**Date**

**Social Security Number**