



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 participant's spouse completes and signs this form when a vested participant has died prior to drawing a retirement benefit and the spouse is eligible to apply for benefits. A copy of the Death Certificate must accompany this form. The spouse is required to sign page 1 of this form. The County Clerk is required to complete and sign page 2 of this form if the participant was actively employed at the time of death.*

**PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Current, or Last County of Employment \_\_\_\_\_  
First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Gender  Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SPOUSE INFORMATION**

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

**TERMINATION EVENT**

**Participant died:**

- While employed.  After termination of employment, having made an election to draw a future retirement benefit.

**At time of death, participant was:**

- Under age 62.  Age 62 or older.

If participant was **under age 62** at time of death, the spouse will be given the option of receiving a reduced benefit at the time of the participant's death or receiving a full benefit when the participant would have turned 62.

**REQUIRED SIGNATURES**

I hereby certify that the information given concerning the deceased participant is correct. I understand any misrepresentation of fact will result in an adjustment of benefits and/or appropriate legal action.

**Signature of Spouse** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUIRED ATTACHMENTS**

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