



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 5.3

FORM 9
APPLICATION BY SPOUSE

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.

Participant Name: _____ Social Security Number: _____

The Compensation Information section below is to be completed by the County Clerk.

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 _____

REQUIRED SIGNATURE

I hereby certify that the above information regarding the participant and his/her county compensation amounts is true and correct. Attached to this form are copies of the participant's county income documentation.*

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.