FORM 4C



## Submit completed form to: **County Employees' Retirement Fund** 2121 Schotthill Woods Drive

Jefferson City, MO 65101

**DEATH BENEFITS - NON-DESIGNATED NON-SPOUSE** Toll Free: 877-632-2373 (UNMARRIED VESTED AND NON-VESTED REFUND OF CONTRIBUTIONS) WITHHOLDING ELECTION

Fax: 573-761-4404

The non-designated non-spouse beneficiary should receive a copy of the Instructions and complete and sign this form indicating tax

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PARTICIP	PANT INF	ORMATION												
Social Secur	rity Numbe	er ·												
First Name				Ini	itial		Las	st Name						
WITHHOLDING OPTIONS									•					
Check the de	lesired opti	on for federal	income ta	ax withhold	dings.									
	•					ral incom	e tax	withheld fror	n the dis	stribution.				
□ Opt	tion B – 1	10% Withho	lding.	<b>do</b> want t	to have	e 10% fed	deral	income tax w	rithheld f	from the d	istributio	n.		
	withhel	Withhold additional federal income tax in the amount of \$ In order to have additionalÁ^å^¦æ桷 & { ^ÁææÁ withheld, you must complete and sign IRS Form W-4P and return it with this completed form. A copy of Form Y 茁 Ú庵 Áææææ  ^by contacting the County Employees' Retirement Fund or downloading it from its website, www.mocerf.org.												
	☐ Ch	eck												
	☐ Dir	ect Deposit	C	Checking A	ccount	(attach vo	ided (	check) _	Sav	/ings Accou	ınt (attacl	voide	d deposi	t slip)
	Name of Financial Institution:													
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CERTIFIC	CATION A	ND REQUIR	RED SIG	NATURE										
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