CERF
COUNTY EMPLOYEES' RETIREMENT FUND

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

COMPLETE AND RETURN ONLY IF YOU CHOOSE THE 10-YEAR CERTAIN AND LIFE OPTION. THANK YOU!

Version 5.3

FORM 2C
CO-ANNUITANT FOR 10-YEAR CERTAIN

Complete this form if you selected the 10-Year Certain & Life option as your Final Benefit Option.

PARTICIPANT INFORMATION

Social Security Number ___ – ___ – ___ County of Employment ___

First Name ___ Initial ___ Last Name ___ Suffix ___

Address ___ City ___ State ___ Zip ___

Home Phone/Cell ( ) ___

Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Single Date of Birth ___ / ___ / ___

CO-ANNUITANT INFORMATION *(Percentage of Benefit for ALL co-annuitants 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 ___ / ___ / ___

REQUIRED SIGNATURE – See Below

I hereby designate the aforesaid individual(s) as the co-annuitant/beneficiary of my pension benefit

Signature of Participant **Date**

REQUIRED ATTACHMENTS

- **Copy of driver's license, birth certificate or state issued ID for each co-annuitant listed above.**