



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

For CERF Use Only: Commencement Date _____

FORM 2V
TERMINATION VESTED
 Version 6.1

The County Clerk completes this form if the participant terminates employment with the county on or after 01/01/2000 and has completed a minimum of 8 continuous years in an eligible position. The Clerk should also complete the Form SV, "Verification of Participant's Salary, Hours, and Contributions," and submit it via CARS, if the participant worked prior to January 2003 and/or had a service period where no contributions were made. The participant is eligible to draw a retirement benefit at age 62 or a reduced retirement benefit as early as age 55, when these requirements are fulfilled. The clerk and participant MUST sign page 2 of this form. This form and Form 2B must be completed, signed, dated, and returned to the CERF Administrative Office 30-90 days prior to the commencement of benefits if the participant is going to retire immediately upon termination of county employment.

Note: As a vested member, you must begin receiving a required minimum distribution of your pension benefit on April 1 of the calendar year following the later of the year in which you reach age 70-1/2 or 72, or the year in which you separate from service. If you have not applied for pension benefits prior to this deadline, the only option available to you will be a single life annuity with no survivor benefit.

PARTICIPANT INFORMATION

Social Security Number _____ - _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Home Phone/Cell (_____) _____ Date of Birth _____ / _____ / _____

Work Phone (_____) _____

EMPLOYMENT INFORMATION

If you wish to purchase any prior service to be included in your total service credit that has not previously been offered, you must contact the CERF Administrative Office within 60 days from your termination date.

Original Date of Hire _____ / _____ / _____ CERF Eligibility Date _____ / _____ / _____ LAGERS Non-LAGERS

Note: In some cases the Original Date of Hire precedes the CERF Eligibility Date.

If Original Date of Hire and CERF Eligibility Date are different, please explain _____

Date of Termination _____ / _____ / _____ Department _____ Position _____

Is Termination Due to Death? Y / N (Circle One)

Is Termination due to moving to either a Sheriff or Prosecuting Attorney position? Y / N (Circle One)

Check one of the following boxes:

- Employee has terminated employment/eligibility with at least eight vested years of service but is not within 30-90 days of retirement age.
- Employee is eligible for retirement benefits, has eight vested years of service and is within 30-90 days of retirement age. Employee hereby makes application to receive retirement benefits from the County Employees' Retirement Fund.

You will be advised whether any purchase of prior service is required before your benefits begin. Participants who terminated employment prior to January 1, 2000 are required to make a purchase of prior service to draw a retirement benefit. Participants who were employed on or before June 10, 1999 and remained employed through January 1, 2000, may not be required to make a purchase of prior service.

FINAL COMPENSATION INFORMATION

Submit figures for final compensation. The average final compensation is calculated using the participant's two highest calendar years of compensation, and neither year can include a payment attributable to any prior year (including, but not limited to, a payment of benefits, back pay, unused vacation days or sick leave). See 16 CSR 50-2.050(1).

1. \$ _____ For the calendar year of _____

2. \$ _____ For the calendar year of _____

Continue to Page 2 for REQUIRED Participant and County Clerk Signature

If married, please provide the following information:

Name of Spouse _____ Social Security # _____ - - _____ Date of Birth / / _____

REQUIRED SIGNATURES

I understand that by ending my employment, I am no longer eligible for the \$10,000 death benefit. I further understand that I cannot receive an immediate retirement benefit from the County Employees' Retirement Fund if I return to county employment within 30 days. If I return to county employment 31 days or more after the Date of Termination on this form and have elected to begin receiving a CERF retirement benefit immediately, I understand that I must work less than 1,000 hours in a calendar year to continue receiving a benefit from the County Employees' Retirement Fund, otherwise my retirement benefit will be suspended until I separate from service.

I understand any misrepresentation of fact will result in an adjustment of benefits and/or appropriate legal action.

Signature of Participant _____ Date* _____ Social Security Number _____

*Form 2V and Designation of Survivor Form 2B must be completed and dated at least 30, but not more than 90, days prior to the commencement of benefits if the participant is going to retire immediately upon termination of county employment.

I hereby certify that the above information regarding the participant and his/her county compensation amounts are 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.