

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

FORM 6 RETIREMENT APPLICATION

The participant completes this form if he/she terminated employment with the county prior to 01/01/2000 and completed a minimum of eight years in an eligible position. The participant is eligible to draw a retirement benefit at age 62 when these requirements are fulfilled. Only the participant's spouse, if applicable, can be designated as the co-annuitant.

This completed form must be dated and returned to the CERF Administrative Office 30-90 days prior to the commencement of benefits.

PARTICIPANT INFORMATION			
Social Security Number	County of Employment _		
First NameInitial	Last Name		Suffix
Address	City	State	Zip
Work Phone ()	Home Phone/Cell	()	
Gender	al Status 🔲 Married 🔲 Singl	e Date of Birth/	/
SPOUSE INFORMATION (Provide spouse information, if applicable.)			
Social Security Number	Date of Birth/	/	
First NameInitial	Last Name		Suffix
Address	City	State	Zip
Home Phone/Cell ()	Work Phone ()	
REQUIRED SIGNATURE			
I hereby apply to draw a retirement annuity from fact will result in an adjustment of benefits and must work less than 1,000 hours in a calendar y otherwise my retirement benefit will be suspend	or appropriate legal action. If I year to continue receiving a bene	I return to county employme efit from the County Employe	nt, I understand that I
Signature of Participant	Date**		
**Form must be dated at least 30, but not more than 90, days prior to the commencement of benefits.			

Copy of driver's license, birth certificate or state issued ID for the participant listed above.

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

Form6 RetirementApp rev0616

REQUIRED ATTACHMENTS