



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

FORMS 1A & 8
BENEFICIARY DESIGNATIONS
 Version 1.0

The participant completes and signs this form upon an employee's commencement of county employment in a CERF eligible position or to make changes to their current beneficiaries of the \$10,000 death benefit for active employees and, if applicable, the refund of CERF contributions payable upon participant's death. **PLEASE SIGN AND DATE ON PAGE 2.**

PARTICIPANT INFORMATION

Social Security Number _____ - _____ - _____ County of Employment _____
 First Name _____ Initial _____ Last Name _____ Suffix _____

\$10,000 DEATH BENEFIT FOR ACTIVE PARTICIPANTS / NON-VESTED REFUND OF CONTRIBUTIONS FORM 1A

PRIMARY BENEFICIARIES - If more than one beneficiary is listed but the percentages of benefit do not equal 100%, the benefit shall be divided equally among the named primary beneficiaries.

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____ %
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Email _____ 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 _____
 Cell Phone _____ Email _____ Gender Male Female Date of Birth ____ / ____ / ____

CONTINGENT BENEFICIARIES - If more than one beneficiary is listed but the percentages of benefit do not equal 100%, the benefit shall be divided equally among the named contingent beneficiaries.

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____ %
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Email _____ 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 _____
 Cell Phone _____ Email _____ 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 _____
 Cell Phone _____ Email _____ Gender Male Female Date of Birth ____ / ____ / ____

I am designating the above person(s) as my primary and contingent beneficiaries of my \$10,000 death benefit and, if applicable, non-vested refund of CERF contributions payable upon my death. I understand that any dissolution or annulment of marriage following the execution of this form shall have no effect on the designation of my spouse or relative of my spouse as beneficiary hereunder. I understand the \$10,000 death benefit and beneficiary designations will end once I terminate county employment.

Continue to Page 2 for Participant Signature and Date



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UNMARRIED VESTED DEATH BENEFIT (IF SINGLE OR BECOME SINGLE)

FORM 8

Use same beneficiaries as designated on Page 1 of this form. Please sign and date at the bottom.

PRIMARY BENEFICIARIES - If more than one beneficiary is listed but the percentages of benefit do not equal 100%, the benefit shall be divided equally among the named primary beneficiaries.

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____ %
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Email _____ 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 _____
 Cell Phone _____ Email _____ Gender Male Female Date of Birth ____ / ____ / ____

CONTINGENT BENEFICIARIES - If more than one beneficiary is listed but the percentages of benefit do not equal 100%, the benefit shall be divided equally among the named contingent beneficiaries.

Social Security Number _____ - _____ - _____ Relation to Participant _____ Percentage of Benefit _____ %
 First Name _____ Initial _____ Last Name _____ Suffix _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone _____ Email _____ 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 _____
 Cell Phone _____ Email _____ 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 _____
 Cell Phone _____ Email _____ Gender Male Female Date of Birth ____ / ____ / ____

I am designating the above person(s) as my primary and contingent beneficiaries of my unmarried vested death benefit.

REQUIRED SIGNATURE FOR FORM 1A AND FORM 8 – See Below

If none of these persons are alive when I die, my benefit will be distributed in the manner provided by law. I revoke all prior designations regarding these funds. I reserve the right to revoke any designation by making another written designation. I agree that unless and until I submit another written designation, any and all designations made hereunder shall remain in full force and effect. Unless otherwise stated by me, my beneficiaries' interest in this benefit is as joint tenants with right of survivorship. The interest of any beneficiary (and related heirs) terminates if he or she dies before I do. The indicated share of the other beneficiaries will increase on a pro rata basis.

Signature of Participant _____ Date _____

Social Security Number _____ - _____ - _____ Cell Phone (____) _____ Email _____