



Deferred Compensation Program (DCP) Rollover In Request

DCP participants can use this form to roll over or transfer retirement funds into their DCP account.

Send completed form to:
Department of Retirement Systems
Deferred Compensation Program
PO Box 48380 • Olympia, WA 98504-8380

www.drs.wa.gov/dcp • 888.327.5596
TTY: 711 • Fax: 360.586.5474

Important Information

- Your financial institution may require you to complete a form to initiate a rollover or transfer of funds. Contact your financial institution for more information.
- Keep a copy of this form for your records.
- Funds received into the program will be invested according to your current investment allocation.

Personal Information

Social Security Number	Name (Last, First, Middle)	Phone Number
Mailing Address	City	State ZIP

Source of Rollover

Check the box that describes the source of your pre-tax rollover.

- 457 Governmental Plan (Current Employer)
- 457 Governmental Plan (Previous Employer)
- Individual Retirement Account (IRA)
- 401 (a) or (k)
- 403 (b) – check with your 403 (b) plan to ensure you meet the requirements to roll over your 403 (b) funds

Include the contact information for the plan that will be the source of your pre-tax rollover funds.

Financial Institution Name	Account Number
Mailing Address	City State ZIP
Contact Name	Contact Phone Amount (as \$ or %)

Financial Institution Make check payable to: Department of Retirement Systems
Mail payment to: Deferred Compensation Program; PO Box 9018; Olympia, WA 98507-9018

Signature

Your signature confirms these funds are eligible to roll over.

Participant Signature	Date
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Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. (See IRC sections 6041(a) and 6109.)

