



## Using the Credit Redistribution Form

### General Information

Use this form to redistribute previous payments. Do *not* attach a payment. To make a payment, use the appropriate Payment Advice form (DRS MS 136 revised 04/06 or DRS MS 137 revised 10/01).

A receivable balance is reflected in the Balance Due column on your Statement of Account Activity. If the balance due is a credit (your payment was **greater than** the invoice amount) it will be reflected with a negative sign to the right of the number, for example, **\$10.00-**. You may apply all or part of a credit balance to any debit balance (your payment was **less than** the invoice amount). The applied credit may cover only a part of the amount owed. You may apply other credits to the remaining receivable balance, using separate lines. You may redistribute credits between systems and/or plans.

If you have questions about distributing a previous payment or completing this form, please call the DRS Accounts Receivable Unit at (360) 664-7200, option 1, or toll free at 1-800-547-6657, option 6, then option 1; or contact Employer Support Services at (360) 664-7200, option 2, or toll-free at 1-800-547-6657, option 6, then option 2.

### Completing the Form

<b>Employer Name</b>	Enter your organization's name as shown on your Statement of Account Activity.
<b>Organization Number</b>	Enter your Organization Number as shown on your Statement of Account Activity; e.g., 9999.
<b>Reporting Group</b>	Enter your DRS Reporting Group as shown on your Statement of Account Activity; e.g., 5000. If you have entries for more than one Reporting Group, list each Reporting Group individually in a separate box.
<b>From To</b>	Use the <b>FROM</b> column to document the current location of the credit balance. Use the <b>TO</b> column to document where you want DRS to apply the credit.
<b>System &amp; Plan</b>	Enter the letter code of the applicable system as indicated on the front page of this form; e.g., T for TRS. Enter a 1, 2 or 3 for the applicable plan. (Example—T2.)
<b>Reporting Period or Invoice Number</b>	Enter the 8-digit unique Invoice Number for DRS-generated invoices or the 6-digit month-year invoice number used for the transmittals (052006 for May 2006) as shown on the Statement of Account Activity.
<b>Payment Number</b>	Enter the payment number; e.g., check, warrant, or electronic fund transfer (EFT) number, corresponding to the receivable showing a credit balance on the Statement of Account Activity.
<b>Amount</b>	Enter the amount you are moving expressed as a positive number. Do not use brackets or other symbols.

### Mailing the Form

Mail this form to: <b>P.O. Box 9018, Olympia, WA 98507-9018</b>	Where do other forms go? P.O. Box 48380, Olympia, WA 98504-8380
Other forms that should be mailed to this address: Payment Advice Forms and Retirement Contributions DCP payments DCP Transmittals (not retirement)	This address should receive: Retirement transmittal information, forms and other correspondence