

**State of Washington
Department of Retirement Systems**

PLAN 3 PAYMENT ADVICE

Employer Name:
Reporting Group:

Plan 3 Defined Benefit Contributions (Employer)		
Payment Number	Reporting Period or Invoice Number	Amount

Defined Benefit Total for this page
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Plan 3 Defined Contributions (Member)			
Payment Number	Reporting Period	Amount	Investment Program
			W
			S

Defined Contribution Total for this page

Plan 3 Total for this page

<p>Mail this form <i>with the payment to:</i></p> <p>Department of Retirement Systems P.O. Box 9018 Olympia, WA 98507-9018</p>	<table border="1" style="width: 100%;"><thead><tr><th style="text-align: center;">For DRS use only</th></tr></thead><tbody><tr><td style="padding: 5px;">DRS Receipt Number:</td></tr><tr><td style="text-align: center; padding: 10px;"><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td></tr></tbody></table>	For DRS use only	DRS Receipt Number:	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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Using the Plan 3 Payment Advice Form

General Information

Use this form to report payments **for Plan 3 only**. Use a separate form for each reporting group number. (Use form DRS MS 136, *Payment Advice*, for Plan 1 and Plan 2.)

If you have any questions about completing this form, please call the Account Receivable Unit at 1-800-547-6657, option 6, then option 1; or (360) 664-7200, option 1. To redistribute a previous payment, use the Credit Redistribution Form, or contact the DRS Accounts Receivable Unit for assistance.

Completing the Form

Employer Name	Enter your organization's name as shown on your Statement of Account Activity.
Reporting Group	Enter your DRS Reporting Group as show on your Statement of Account Activity e.g., 311003. If you have payments for more than one Reporting Group, use a separate form for each.
Payment Number	Enter the number of the check, warrant, journal voucher (JV) or other payment document. A single payment document may be used for more than one invoice number or reporting period. The payment document number must be listed for each applicable invoice number or reporting period.
Reporting Period or Invoice Number	Enter the invoice number or reporting period to which you wish to apply payment. For transmittals, the invoice number is the transmittal reporting period month and year (10/06 for October 2006). For invoices, use the unique 8-digit invoice number that appears on the invoice.
Amount and Investment Program	Enter the amount you want applied to the invoice or reporting period. For Defined Contribution payments, enter the amounts beside the abbreviation for the appropriate investment program. "W" indicates the Washington State Investment Board and "S" indicates the funds are for the Self-Directed Investment Program.
Defined Benefit Total	Enter the total paid for the Defined Benefit portion of your payment reported on this page. These are the employer contributions.
Defined Contribution Total	Enter the total paid for the Defined Contribution portion of your payment reported on this page. These are the member contributions.
Plan 3 Total	Enter the grand total for the Defined Benefit and the Defined Contribution payments. If you use more than one page for a single invoice or payment number, please total each page separately.

Mailing the Form

Mail this form with your payment to: P.O. Box 9018, Olympia, WA 98507-9018	Where do other forms go? P.O. Box 48380, Olympia, WA 98504-8380
Other items that should be mailed to this address: Credit Redistributions DCP Transmittals (not retirement) DCP Payments	This address should receive: Retirement transmittals, forms and other correspondence