



Higher Education Employers Plan 3 Investment Program

Return completed form to
your employer

This election form is for employees of higher education institutions who:

- become eligible for the higher education retirement plan on or after July 1, 2011, and
- have elected to participate in the Washington State Teachers' Retirement System (TRS) Plan 3 (with faculty status), or
- the Washington State Public Employees' Retirement System (PERS) Plan 3 (without faculty status).

As a Plan 3 member you **also** need to select a contribution rate and investment program. If you do not select a contribution rate or investment program you will be defaulted to contribution rate Option A (5 percent), and the Retirement Strategy Fund that assumes you'll retire at age 65.

Both PERS Plan 3 and TRS Plan 3 members may change their investment program at any time.

Personal Information – to be completed by member

Choose one: <input type="checkbox"/> PERS <input type="checkbox"/> TRS			
Name (Last, First, Middle)		Maiden Name	Social Security Number
Mailing Address			
City	State	ZIP	Phone Number

Select a Contribution Rate	Select an Investment Program
----------------------------	------------------------------

<p>All Plan 3 members are eligible to change their contribution rate if they change employers.</p> <table border="1"> <thead> <tr> <th></th> <th>Age</th> <th>Total Member Contribution Rate</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Option A</td> <td>All ages</td> <td>5.0%</td> </tr> <tr> <td rowspan="3"><input type="checkbox"/> Option B</td> <td>Up to age 35</td> <td>5.0%</td> </tr> <tr> <td>Age 35 to 44</td> <td>6.0%</td> </tr> <tr> <td>Age 45 and above</td> <td>7.5%</td> </tr> <tr> <td rowspan="3"><input type="checkbox"/> Option C</td> <td>Up to age 35</td> <td>6.0%</td> </tr> <tr> <td>Age 35 to 44</td> <td>7.5%</td> </tr> <tr> <td>Age 45 and above</td> <td>8.5%</td> </tr> <tr> <td><input type="checkbox"/> Option D</td> <td>All ages</td> <td>7.0%</td> </tr> <tr> <td><input type="checkbox"/> Option E</td> <td>All ages</td> <td>10.0%</td> </tr> <tr> <td><input type="checkbox"/> Option F</td> <td>All ages</td> <td>15.0%</td> </tr> </tbody> </table>		Age	Total Member Contribution Rate	<input type="checkbox"/> Option A	All ages	5.0%	<input type="checkbox"/> Option B	Up to age 35	5.0%	Age 35 to 44	6.0%	Age 45 and above	7.5%	<input type="checkbox"/> Option C	Up to age 35	6.0%	Age 35 to 44	7.5%	Age 45 and above	8.5%	<input type="checkbox"/> Option D	All ages	7.0%	<input type="checkbox"/> Option E	All ages	10.0%	<input type="checkbox"/> Option F	All ages	15.0%	<p>Choose an investment program. If you do not choose an investment program, you will be defaulted into the Self-Directed Investment Program and all of your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65.</p> <p><input type="checkbox"/> Washington State Investment Board (WSIB) Investment Program</p> <p><input type="checkbox"/> Self-Directed Investment Program You must choose how your contributions will be invested. You may do so online at www.drs.wa.gov/org/plan3, or by phone at 888-327-5596. If you do not choose your investment allocations, your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65.</p> <p>You can obtain information about both investment programs by contacting Empower Retirement at 888-327-5596</p>
	Age	Total Member Contribution Rate																												
<input type="checkbox"/> Option A	All ages	5.0%																												
<input type="checkbox"/> Option B	Up to age 35	5.0%																												
	Age 35 to 44	6.0%																												
	Age 45 and above	7.5%																												
<input type="checkbox"/> Option C	Up to age 35	6.0%																												
	Age 35 to 44	7.5%																												
	Age 45 and above	8.5%																												
<input type="checkbox"/> Option D	All ages	7.0%																												
<input type="checkbox"/> Option E	All ages	10.0%																												
<input type="checkbox"/> Option F	All ages	15.0%																												

Member signature (required)	Employee ID Number (assigned by employer)	Date
-----------------------------	---	------



RETURN COMPLETED FORM TO YOUR EMPLOYER

To be completed by Employer

Print or Type employer name and mailing address below:

Reporting Group

--	--	--	--	--	--	--

Employers:

Mail the original form to DRS.

Department of Retirement Systems

PO BOX 48380

Olympia, WA 98504-8380

800.547.6657

Local 360.664.7000

The Department of Retirement Systems (DRS) requires you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required to by law.
- Internal Revenue Code sections 6041(a) and 6109 allow DRS to request your Social Security number.