



INFORMATION RELEASE AUTHORIZATION

P.O. Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TTY: 360-586-5450

Use this form to authorize the release of account information to a third party, such as your financial planner. Type or print in dark ink, sign, date, and return to DRS.

Member Information

Name (Last, First, Middle)	Social Security Number
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Retirement System/Program - Check the retirement system/program for which you wish to release information. If you belong to more than one system, please mark each system/program for which you are authorizing the release of information.

System: (Check all that apply)	<input type="checkbox"/> Public Employees'	<input type="checkbox"/> School Employees' (non-teachers)	<input type="checkbox"/> Teachers'
	<input type="checkbox"/> Judicial	<input type="checkbox"/> Public Safety Employees'	<input type="checkbox"/> Deferred Compensation Program
	<input type="checkbox"/> State Patrol	<input type="checkbox"/> Law Enforcement Officers' & Fire Fighters'	

Member Statement

I authorize _____ to receive my account balance or any other information regarding my account indicated above.

I realize that this individual must provide my Social Security number before receiving any information and that this authorization will remain in effect until a written document revoking the authority is provided to DRS.

Signature	Date
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Department of Retirement Systems (DRS) requires that 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 by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.

