



Application to Change Survivor Option within 90 days

This form is for retirees who are opting to change their survivor designation and/or option within 90 days of their first retirement payment.

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

www.drs.wa.gov • 800.547.6657
360.664.7000 • TTY: 711

Important Information

Plans 2 and 3 retirees in PERS, SERS and TRS, and Plan 2 retirees in PSERS, LEOFF and WSPRS: You must submit this application within 90 days of your first benefit payment from DRS.

The Survivor Option you select below will be effective on the first day of the month after DRS has received this application.

If you are changing your survivor beneficiary, a proof-of-age document is required for your new beneficiary. DRS will provide an estimate of the new benefit before processing.

If your initial retirement included a survivor benefit to your spouse, and you are now removing that benefit, spousal consent is required.

Retiree Information

Name (Last, First, Middle)		Social Security Number	
Mailing Address	City	State	ZIP
Email Address		Phone Number	
Retirement System(s) <input type="checkbox"/> Public Employees' Retirement System (PERS) <input type="checkbox"/> School Employees' Retirement System (SERS) <input type="checkbox"/> Teachers' Retirement System (TRS) <input type="checkbox"/> Washington State Patrol Retirement System (WSPRS) <input type="checkbox"/> Public Safety Employees' Retirement System (PSERS) <input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)			
Have you had any legal changes to your marital status since your recent retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Survivor Benefit Options (choose only one benefit option)

<input type="checkbox"/> Option 1 — Single Life	<input type="checkbox"/> Option 2 — 100% Survivor	<input type="checkbox"/> Option 3 — 50% Survivor	<input type="checkbox"/> Option 4 — 66.67% Survivor
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Survivor Designation

Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Social Security Number
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Survivor Proof of Age

Please mark **one** of the proof-of-age documents in this box, and submit a copy of it with your application.

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> NEXUS Card |
| <input type="checkbox"/> Passport/Passport Card | <input type="checkbox"/> Naturalization Certificate |
| <input type="checkbox"/> Government-Issued Driver License | <input type="checkbox"/> Certificate of Armed Services Record — |
| <input type="checkbox"/> Government-Issued Identification (ID) Card | US DD-214 |

Please complete the other side of this form as well.



Signature (notarization required)

I am changing my Survivor Designation and/or Option. I understand that to change this lifetime benefit, my current monthly benefit will be actuarially adjusted and that this decision is permanent. All statements on this application, including names and Social Security numbers, are correct.

Retiree Signature

Date (mm/dd/yyyy)

Retiree Name

State of

County of

Seal or Stamp

Date Signed or Attested Before Me

Date My Appointment Expires

Notary Signature

Notary Name

Notary Title

Spousal/Registered Domestic Partner Declaration of Consent (notarization required)

If you are the spouse, legally separated spouse or registered domestic partner of the applicant, you must give your consent if they: Choose a Single Life Option or name someone other than you as their survivor.

If your consent is not given and this section is not completed, DRS will automatically use Option 3, (50% survivor) and designate you as the survivor after the applicant's death.

I, _____, declare that I am aware of the retirement option selected by the applicant and its effect on me. I consent to the survivor benefit option the applicant chose on page 1.

Spouse/Registered Domestic Partner Signature

Date (mm/dd/yyyy)

State of

County of

Seal or Stamp

Date Signed or Attested Before Me

Date My Appointment Expires

Notary Signature

Notary Name

Notary Title

Notarization is required to process this form.

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.)