



Plan 3 • DCP • JRA RMD Change Request

Customers who are receiving a required minimum distribution (RMD) for DCP, JRA or Plan 3 can use this form to make changes to automatic payments.

Send completed form to:
Voya Financial • Attn: Washington DRS
PO Box 389 • Hartford, CT 06141

Or Fax to 844.449.2546
For assistance call 888.327.5596 (TTY 711)

Important Information

Annual distributions are automatic for customers who are required to take them. By default, the funds are sent to you every December of the qualifying year. You can make the following changes to your automatic distribution:

- Change the distribution date or frequency
- Select how the funds will be withdrawn from your investments
- Update your tax withholding information by submitting an IRS [W-4P](#) to DRS
- Request electronic direct deposit for your payments

If you have multiple accounts, complete a separate RMD Change Request form for each account.
Visit drs.wa.gov/rmd for more information about required minimum distributions.

Personal Information

Name (Last, First, Middle)		Social Security Number (Last 4) XXX-XX-	
Mailing Address		City	State ZIP
Date of Birth (mm/dd/yyyy)	Phone Number		Alternate Phone Number
Apply this request to the following account (select one): <input type="checkbox"/> Public Employees' Retirement System (PERS) 625052 <input type="checkbox"/> Deferred Compensation Program (DCP) 625056 <input type="checkbox"/> School Employees' Retirement System (SERS) 625050 <input type="checkbox"/> Judicial Retirement Account (JRA) 625057 <input type="checkbox"/> Teachers' Retirement System (TRS) 625054			
For beneficiaries or legal order payees: <input type="checkbox"/> Select here if you have been awarded these funds as part of a legal order split or beneficiary designation. (Account code 999)			

Distribution Elections

How often do you want to receive payments? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually			
When would you like the payment processed? (Plan 3 customers with WSIB investments, see below for guidelines.)			
Start month: _____		Day (choose one) <input type="checkbox"/> 1st <input type="checkbox"/> 15th	
Payments from your Plan 3 WSIB Investment Program balance: These payments will be issued to you on the 2nd business day of the month you choose. Select a payment month between January and October to ensure your RMD payment is released to you in the required year. WSIB investment funds are monthly-valuated funds, which means there is a longer timeline to process payments for these funds. The first payment can take up to 45 business days. If you select a date that has already passed, your payment will be issued on Nov. 2 for this first year's payment and follow the timeline you select for the years that follow.			

DCP/JRA Only: Investment withdrawal option

<input type="checkbox"/> Pro rata	Choose this option if you want your distribution spread equally across all available investment options.
<input type="checkbox"/> Savings Pool First	Withdraw from Savings Pool investment first; once the Savings Pool is depleted, withdraw the remainder pro rata across remaining investment options.

Plan 3 Only: Investment withdrawal option (for PERS, SERS or TRS)

Which balance would you like us to use for your distribution?

☐ WSIB Investment Program ☐ Self-Directed Investment Program (Pro rata across your Self-Directed investments)

Tax Withholding

RMD distributions by default are taxed at 10%. You can submit an IRS [W-4P](#) to update your withholding at any time.

For DCP and JRA only: State Income Tax withholding is mandatory for some states. If it is required for your state, income tax will be withheld regardless of any withholding election you make below. State income tax does not apply to Washington State residents.

Authorization for Direct Deposit

If you do not have direct deposit information on file, your payment will be issued to you as a check sent to the address on your account. Complete this section to initiate or update your direct deposit information. Due to federal restrictions, we cannot transfer funds electronically if the funds will be immediately credited to an account outside the United States.

By completing this section, you authorize that: The DRS record keeper will transfer the full amount of your withdrawal, after required IRS withholding, to the designated financial institution for deposit. Additionally, you authorize the designated financial institution to refund the record keeper any payments made in error.

Financial Institution Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number (bottom left number on checks)	Account Number (after the routing number on checks)

Signature Required

By signing this application, I affirm that I have carefully read (or in the case of disability, I have had read to me) and understand the application for this withdrawal request. All information is complete and true, represents my choices, and no material fact has been concealed or omitted. I understand that unless a statutory exception exists, my designations, options and alternatives are permanent after my application has been processed.

Signature	Date
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Form Submission (use one of the following options to submit this form)

Fax Voya Financial Attn: Washington State DRS 844-449-2546	Mail Voya Financial - Attn: Washington State DRS PO Box 389 Hartford, CT 06141
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Overnight Delivery Voya Financial, Attn: Washington State DRS, One Orange Way, Windsor, CT 06095-4774