Clear Form

WASHINGTON STATE Department of Retirement Systems

Deferred Compensation Program (DCP)
Enrollment Form

This is a participation agreement to enroll in the Washington State Deferred Compensation Program (DCP).

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

www.drs.wa.gov/dcp • 888.327.5596
TTY: 711 • Fax: 360.586.5474

Personal Information

Social Security Number	Employer	Phone Number
Your name (Last, First, Middle)		Alternate Phone Number
Mailing Address	City	State ZIP
Date of Birth (MM/DD/YYYY)	Email Address	Gender ☐ M ☐ F

Contribution Information

The 2016 monthly contribution amounts are: minimum $30; maximum $1,500; age 50 and older can defer up to $2,000. Contact DCP if you want to contribute more than $2,000. Using whole numbers, choose a dollar or percentage amount.

☐ I authorize my employer to defer _____% OR $_____ monthly.

Investment Options

With DCP you can choose from two approaches to investing. To decide which approach may be right for you, see the Information and Instructions for this form. We encourage you to choose only one of the two approaches. You always have the option to change your investment at a later date. Total percentages must be whole and equal to 100%.

One-Step Investing

Choosing just one fund gives you a diversified portfolio. To find which fund is right for you, pick your target date for retiring or withdrawing your funds.

- ☐ Retirement Maturity Strategy (80)
- ☐ 2005 Retirement Strategy (81)
- ☐ 2010 Retirement Strategy (82)
- ☐ 2015 Retirement Strategy (83)
- ☐ 2020 Retirement Strategy (84)
- ☐ 2025 Retirement Strategy (85)
- ☐ 2030 Retirement Strategy (86)
- ☐ 2035 Retirement Strategy (87)
- ☐ 2040 Retirement Strategy (88)
- ☐ 2045 Retirement Strategy (89)
- ☐ 2050 Retirement Strategy (91)
- ☐ 2055 Retirement Strategy (92)
- ☐ 2060 Retirement Strategy (93)

Percentage for selected target date _____%

Conservative ↑ ↓ Aggressive

Build and Monitor

Mix and match to create a diversified portfolio. Write the percentages in the space below for each fund you want to invest in.

Savings Pool (10)	_____%
Washington State Bond Fund (25)	_____%
Socially Responsible Balanced Fund (30)	_____%
U.S. Large Cap Equity Index Fund (11)	_____%
Global Equity Index Fund (13)	_____%
U.S. Small Cap Value Equity Index Fund (12)	_____%
Emerging Market Equity Index Fund (14)	_____%

Please complete the other side of this form as well.

Beneficiary Designation

If you pick more than one primary beneficiary or more than one contingent beneficiary, the total percentage(s) for each category must add up to 100%. Use whole numbers (for example, 50% and 50% or 66% and 34%).

☒ Primary ____ %	Name (Last, First) or Full Name of Entity		Mailing Address	
Relationship	Social Security Number	Date of Birth	City, State, ZIP	Gender ☐ M ☐ F
☐ Primary ____ % ☐ Contingent ____ %	Name (Last, First) or Full Name of Entity		Mailing Address	
Relationship	Social Security Number	Date of Birth	City, State, ZIP	Gender ☐ M ☐ F
☐ Primary ____ % ☐ Contingent ____ %	Name (Last, First) or Full Name of Entity		Mailing Address	
Relationship	Social Security Number	Date of Birth	City, State, ZIP	Gender ☐ M ☐ F
☐ Primary ____ % ☐ Contingent ____ %	Name (Last, First) or Full Name of Entity		Mailing Address	
Relationship	Social Security Number	Date of Birth	City, State, ZIP	Gender ☐ M ☐ F

Signature Required

DCP Enrollment

- I have read and understand all sections of this form including the Information and Instructions and the Memo of Understanding.
- I authorize my employer to deduct the amount indicated each month and transmit to the Deferred Compensation Program (DCP).
- I further authorize my employer to deduct any contribution changes I request through DCP in the future.
- This agreement will continue until further notification by me.
- I understand a DCP administrative fee will be deducted quarterly from my account balance (See DCP Enrollment Guide).

Beneficiary Designation

Pay any funds related to my Deferred Compensation Program (DCP) account to my primary beneficiary(ies) in the percentage(s) I chose or as required by law. If any beneficiaries precede me in death, share their percentages equally among the remaining primary beneficiaries. If no primary beneficiaries survive me, send any funds to my contingent beneficiaries. All the information I have entered is true and complete.

Signature	Date

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.)

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Information and Instructions

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www.drs.wa.gov/dcp • 888.327.5596

To enroll in DCP, complete the Enrollment Form. If you have questions, visit the website at *drs.wa.gov/dcp* or call the DCP Information Line at 888-327-5596.

- Read the Memo of Understanding regarding the Enrollment Form.
- Complete all sections of this form electronically or print legibly in black ink.
- Sign, date and return the Enrollment Form to the address on the top of the form.
- If your employer is a political subdivision such as a school district, county or city or a higher education employer, send a copy to your payroll office. This is not required for state agency employees.
- Keep a copy for your records.

Personal Information: Use your legal name and provide all requested information.

Contribution Information: Enter the total monthly dollar or percentage amount you authorize your employer to defer. The amount you enter must be a whole number like $200, $153, 7% or 3%.

The minimum monthly contribution is $30. Your contribution cannot exceed the maximum deferral amount. In 2016, you may contribute up to $18,000 ($1,500 monthly) or up to $24,000 ($2,000 monthly for participants age 50 and over) from your pay annually. If you want to contribute more than $2,000 monthly, contact DCP.

Your contribution will begin on the earliest date possible, contingent upon the processing time required by your employer's payroll department and the provisions set forth in IRC Section 457.

Investment Options: The One-Step Investing approach is designed for those who don't have the desire, comfort level or time to select and maintain their own allocation mix of funds. Each Retirement Strategy Fund is well diversified and automatically rebalances, adjusting your allocation mix as you move toward a target date that meets your needs and lifestyle.

If your target date changes, you can transfer your money to a Retirement Strategy Fund that more closely matches your revised date.

The Build and Monitor approach requires you to:

- Select fund(s).
- Monitor account activity.
- Rebalance your allocation mix as necessary to maintain your investment objectives.

The DCP Enrollment Guide and Fund Fact Sheets are available to help you determine your allocation mix.

Beneficiary Designation: Complete this section by designating at least one primary beneficiary. You may designate more than one primary and one or more contingent beneficiaries. Provide each beneficiary's percentage, Social Security number, full name, mailing address, date of birth and relationship.

- A primary beneficiary will receive the balance of the deceased participant's account if he or she survives the participant by 30 days. The total percentages for all primary beneficiaries must equal 100%. Use whole numbers like 50% and 50% or 66% and 34%.
- A contingent beneficiary will receive the balance of the deceased participant's account if no primary beneficiary is still living at the time the participant dies. The total percentages for all contingent beneficiaries must equal 100%. Use whole numbers.

To name a trust as beneficiary, indicate name of trust and date trust was established. A copy of the trust document should be provided.

To name your estate as beneficiary, enter "my estate."

In the event of participant's death, distribution to a minor requires the following before distribution can occur:

- Guardian: A copy of court documents showing the name, address and telephone number of minor's court appointed guardian, or
- Custodian: A copy of the trust or other documents showing power of appointment under the Washington Uniform Transfers to Minors Act.

Signature Required: Sign and date the complete form before submitting it to the address listed.

DCP Enrollment Form

Memo of Understanding

Send completed form to:
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This memo highlights certain provisions of the Deferred Compensation Program (DCP). For specific details, refer to the DCP Enrollment Guide and Regulations.

I understand the following:

- My monthly salary will be reduced each month by the amount that I have elected to contribute.
- It is my responsibility to ensure that my contributions do not exceed the allowable amount specified in IRC 457; if they do, my employer may disallow deferral of the excess, which also may be taxed currently.
- However, during the last three years before attaining normal retirement age, or if I am 50 years of age or older, I may be able to contribute a greater portion, subject to IRS limitations. (For information about special provisions that allow you to exceed the monthly maximum, contact DCP.)
- My contributions cannot begin sooner than the month following Participation Agreement approval (WAC 415-501-410).
- My accumulated contributions will be held in trust by the Washington State Investment Board for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the plan (WAC 415-501-580).
- I may not assign or transfer my rights in the plan (WAC 415-501-570).
- I have elected to have my contributions invested as indicated on my Enrollment Form.
- Earnings, if any, will be applied to my accumulated contributions in accordance with the investment option(s) I select (WAC 415-501-475).
- I may change or stop the amount I contribute and may change my investment(s) by using the DCP website, or calling DCP.
- I can have access to my funds upon separation from employment. Refer to WAC 415-501-485 for distribution details and for exceptions that allow access to funds prior to separation.
- I may elect the date and method of distribution of my accumulated contributions according to those methods approved by the Department of Retirement Systems (DRS). See WAC 415-501-485. In the event of my death, any unpaid benefits will be paid to my designated beneficiaries (WAC 415-501-486).
- DRS retains administrative control over the plan and the Legislature retains the right to terminate the plan (WAC 415-501-530 and WAC 415-501-540).
- My employer, DRS, the record keeper and the Washington State Investment Board are not liable for the performance of investments.
- I will receive an enrollment confirmation notice, indicating acceptance into the plan.
- If I have not already done so, I need to read the Investment Guide. This publication at *drs.wa.gov/dcp* describes the investment funds available to me.