Clear Form

WASHINGTON STATE Department of Retirement Systems

Member Information Form

This form is for new and returning employees hired into retirement-eligible positions for PERS, SERS or TRS. Submit this form to your employer within 90 days of your hire date.

Give completed form to your employer.

Need help? Contact DRS.
800.547.6657 or 360.664.7000
TTY: 711 • *www.drs.wa.gov*

Choosing a plan? Visit **drs.wa.gov/choice** for info to help you decide.

Member Status and System

Member status

☐ **New Member**
Choosing Plan 2: Complete Sections 1, 2 and 3
Choosing Plan 3: Complete Sections 1, 2, 3 and 4

☐ **Returning Plan 1 or Plan 2 Member**
Complete Section 1 only

☐ **Returning Plan 3 Member**
Complete Sections 1, 3 and 4

System

☐ **TRS**
Teachers' Retirement System

☐ **SERS**
School Employees' Retirement System

☐ **PERS**
Public Employees' Retirement System

Section 1: Personal Information

Name (last, first, middle)			Social Security Number
Mailing Address	City	State	ZIP
Birthdate (mm/dd/yyyy)	Gender (optional) ☐ Male ☐ Female	Phone Number	
Email Address			

Section 2: Retirement Plan Selection (new members)

Choose your plan. Your selection is permanent. Note: If your employer has not received your plan selection within 90 calendar days of your hire date, you will be permanently assigned to the plan specified in state law.

☐ Plan 2

☐ Plan 3 — Also complete Section 4 on the back

Section 3: Signature Required (new and returning members)

Sign and date this form on the day you submit it to your employer.

New member: I have chosen the retirement plan marked in Section 2. I understand that my retirement plan selection is permanent. If I selected Plan 3, I have also completed Section 4 on the back of this form.

Returning Plan 3 member: I have completed Section 4 on the back of this form. I also understand that returning Plan 3 members who do not select a contribution rate within 90 days will be assigned the current default rate of 5%.

Signature	Date

Section 4: Plan 3 Contribution Rate and Investment Program Selection

Plan 3 contribution rate. If you do not choose an option, your default will be Option A. Once established by selection or default, you may change your rate option only with a change of employer or through the purchase of optional service credit from work as a substitute teacher.

	Age	Member Contribution Rate
☐ Option A	All ages	5.0%
☐ Option B	Up to age 35 Ages 35 to 44 Ages 45 and older	5.0% 6.0% 7.5%
☐ Option C	Up to age 35 Ages 35 to 44 Ages 45 and older	6.0% 7.5% 8.5%
☐ Option D	All ages	7.0%
☐ Option E	All ages	10.0%
☐ Option F	All ages	15.0%

Plan 3 investment program. Choose one. You can change your investment selections at any time.

☐ **Use the target date fund for my age as part of the Self-Directed Program (SELF)**
This option will automatically place you in the Retirement Strategy Fund that assumes you'll retire at age 65.

☐ **I will choose my Self-Directed Program Investments (SELF)**
If you choose this option, your Plan 3 account will need to be created before you can select investments. Once you submit this form and receive a letter that confirms your plan choice, call 888-327-5596 or visit drs.wa.gov/login to choose your investments. If you do not choose investments, your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65.

☐ **Washington State Investment Board (WSIB) Investment Program**

For more information about Plan 3 investments, including a complete list of available investments, visit drs.wa.gov/plan3 or call 888-327-5596.

Return the completed form to your employer.

Section 5: To Be Completed by Employer

Employer Name and Mailing Address	☐☐☐☐☐☐ Reporting Group Employers: Mail the original of this form to DRS only if Section 2 was required. Department of Retirement Systems; PO Box 48380; Olympia, WA 98504-8380

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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WASHINGTON STATE Department of Retirement Systems

Beneficiary Designation

This form allows members, retirees, survivors, legal-order payees and those separated from service to name or update their benefit recipients.

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

As a new employee, it is important that you choose your beneficiaries when you select a retirement plan. Select and update your beneficiaries online or complete and mail this form to DRS.
Accessing your online account: Once your Member Information Form has been processed, create an account at *drs.wa.gov/oaa* to view and update your beneficiaries online.

Personal Information

Name (Last, First, Middle)			Social Security Number	
Mailing Address	City		State	ZIP
Date of Birth (mm/dd/yyyy)	Phone Number		Alternate Phone Number	
Email Address				

My Status (Check All That Apply)

- ☐ Member (active or inactive): I am a DRS member who contributes (active) or has contributed to (inactive) a DRS retirement system and/or participates in DCP.
- ☐ Retiree: I am a DRS member who contributed to a retirement system and is now collecting a retirement benefit.
- ☐ Survivor: I am receiving a benefit from a deceased DRS member's or retiree's account.
- ☐ Legal-Order Payee: I have been awarded a portion of a DRS retirement benefit.

Are you receiving money from someone else's account?

☐ Yes (Provide Name and Social Security Number Below) ☐ No

Account Holder's Name (If Different from Above)	Social Security Number (If Different from Above)

Retirement System and/or Program

- ☐ Apply to All My Retirement Plans/Programs
- ☐ Public Employees' Retirement System (PERS)
- ☐ Teachers' Retirement System (TRS)
- ☐ School Employees' Retirement System (SERS)
- ☐ Deferred Compensation Program (DCP)
- ☐ Washington State Patrol Retirement System (WSPRS)
- ☐ Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)
- ☐ Public Safety Employees' Retirement System (PSERS)
- ☐ Judicial Retirement System (JRS)
- ☐ Judicial Retirement Account (JRA)

Please complete the other side of this form as well.

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.

Instructions

You must name at least one primary beneficiary. Do not name yourself. 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%).

If you have more than four beneficiaries, attach a separate sheet with the same information as below; then sign and date it. Alternatively, you can update your beneficiary information online.

If you die in the line of duty, your beneficiary(ies) could be entitled to a one-time, duty-related death benefit. The same people you name below on this form will automatically be added as your beneficiary(ies) for this benefit. If you want to name different people or put in different percentages, you can make those changes in your online account at *www.drs.wa.gov/oaa*.

Important Definitions

Primary beneficiary: A person or entity (for example, an estate, trust, charitable organization, etc.) you choose to receive your money. After your death, we will pay all primary beneficiaries either equally or in the percentages you chose. If you are married and name someone other than your spouse as your beneficiary, retirement system laws may require DRS to pay your spouse. The total designation for your primary beneficiary selection(s) must equal 100%.

Contingent beneficiary: A person or entity you choose to receive your money if both you and all your primary beneficiaries die. The total designation for your contingent beneficiary selection(s) must equal 100%.

Beneficiary Designation

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

Signature Required

Pay any funds related to my 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. These changes replace any previous beneficiary choices I have made.

Signature	Date