Clear Form

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

Members can make this change quickly online at *www.drs.wa.gov/oaa*. Any current primary beneficiaries you've named will appear. You can then edit them or even copy them to another retirement system or program. If you use a paper form to submit your choices, only your primary beneficiaries will appear online until you add contingent beneficiaries in your online account. If you decide to fill out this paper form, please return it to DRS, not your employer. If you make a mistake, please correct it and initial beside the correction.

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