Clear Form

Plan 3 Payment Advice

This form is for employers to use to report Plan 3 defined benefit and defined contribution payments to DRS.

Send completed form to:
Department of Retirement Systems
PO Box 9018 • Olympia, WA 98507-9018

www.drs.wa.gov
800.547.6657, option 6 and then option 1
360.664.7000, option 1 • TTY: 711

Instructions

Detailed instructions and an example showing how to fill out this form are on the back of this payment advice. Please don't use staples, paperclips or tape.

Employer Information

Name	Reporting Group

Plan 3 Defined Benefit Amounts (employer)

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Individual Check Amount
		Defined Benefit Total for This Page

Plan 3 Defined Contribution Amounts (member)

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Investment Program	Individual Check Amount
			Defined Contribution Total for This Page
			Defined Benefit Total for This Page
			Plan 3 Total for This Page

DRSF137

Instructions

Submit payments to DRS using the following forms:

- *Plans 1 and 2 Payment Advice*
- *Plan 3 Payment Advice*
- *Deferred Compensation Program (DCP) Payment Advice*
- *Higher Education Retirement Plan (HERP) Payment Advice*

Find these forms in the *Publications and Forms* section of the Employer website.

Use this form for payments only. To redistribute a previous payment, use the *Credit Redistribution* form.

Employer Information: Enter your organization's name as it appears on your *Statement of Account Activity*. If you have more than one Reporting Group, use a separate form for each Reporting Group number.

Plan 3 Defined Benefit and Defined Contribution sections: Enter your information in the correct plan section.

- **Check or JV No.:** A check or journal voucher (JV) number must be listed for each applicable reporting period or invoice number. A single payment document may be used for more than one reporting period or invoice number.
- **Reporting Period or Invoice No.:** For transmittals, use the reporting period month and year (for example, "01/17" for "January 2017"). For invoices, use the invoice's unique eight-digit number.
- **Investment Program (Defined Contribution section only):** Enter "WSIB" or "Self" to apply the payment to the correct program. WSIB is the Washington State Investment Board and Self is the Self-Directed Investment Program.
- **Amount:** Enter the amount being paid against each invoice or reporting period.
- **Totals:** Enter the payment amount totals. If you use more than one page for a single invoice or payment item number, please total each page separately.

Example Use of Payment Advice Form

Plan 3 Defined Benefit Amounts (employer)

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Individual Check Amount
123	08/16	100.00
134	12345678	102.25
		Defined Benefit Total $202.25

Plan 3 Defined Contribution Amounts (member)

Check or JV No.	Reporting Period (mm/yy) or Invoice No.	Investment Program	Individual Check Amount
124	08/16	WSIB	100.00
135	10/16	Self	92.25
			Defined Contribution Total $192.25
			Defined Benefit Total (same as above) $202.25
			Plan 3 Total for This Page $394.50