



# Deferred Compensation Program (DCP) Rollover In Request

Participants enrolled in DCP can use this form to roll over or transfer retirement funds into their DCP account.

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

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

## Important Information

- You need to be **enrolled in DCP** prior to completing this rollover request. See *drs.wa.gov/dcp/enroll*.
- Your financial institution may require you to complete a form to initiate a rollover or transfer of funds. Contact your financial institution for more information.
- Keep a copy of this form for your records.
- Funds received into the program will be invested according to your current investment allocation.

## Personal Information

Social Security Number	Name (Last, First, Middle)	
Phone Number	Mailing Address	
City	State	ZIP

## Source of Rollover

Check the box that describes the source of your pre-tax rollover.

- 457 Governmental Plan (Current Employer)  
 457 Governmental Plan (Previous Employer)  
 Individual Retirement Account (IRA)  
 401 (a) or (k)  
 403 (b) – check with your 403 (b) plan to ensure you meet the requirements to roll over your 403 (b) funds

Include the contact information for the plan that will be the source of your pre-tax rollover funds.

Financial Institution Name	Account Number		
Mailing Address	City	State	ZIP
Contact Name	Contact Phone	Amount (as \$ or %)	

**Financial Institution** Make check payable to: Department of Retirement Systems FBO (participant's name)  
Mail payment to: Deferred Compensation Program; PO Box 9018; Olympia, WA 98507-9018

## Signature

Your signature confirms these funds are eligible to roll over.

Participant Signature	Date
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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.

