



## Plan Enrollment (Member Information Form)

New and returning employees use this form to enroll in a PERS, TRS or SERS retirement plan. 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 • [drs.wa.gov](http://drs.wa.gov)

Choosing a plan? Visit **[drs.wa.gov/choice](http://drs.wa.gov/choice)** for info to help you decide.

### Member Status and System

<b>Member Status</b> <input type="checkbox"/> <b>New Member</b> Choosing Plan 2: Complete sections 1, 2 and 3 Choosing Plan 3: Complete sections 1, 2, 3 and 4 <input type="checkbox"/> <b>Returning Plan 1 or Plan 2 Member</b> Complete section 1 only <input type="checkbox"/> <b>Returning Plan 3 Member</b> Complete sections 1, 3 and 4	<b>System</b> <input type="checkbox"/> <b>PERS</b> Public Employees' Retirement System <input type="checkbox"/> <b>TRS</b> Teachers' Retirement System <input type="checkbox"/> <b>SERS</b> School Employees' Retirement System
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### Section 1: Personal Information

Name (Last, First, Middle)		Social Security Number	
Mailing Address	City	State	ZIP
Birthdate (mm/dd/yyyy)	Gender (optional) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Phone Number	
Email Address			

### Section 2: Retirement Plan Selection (new members)

Choose your plan. **Your selection is permanent.** If your employer does not receive this form within 90 calendar days of your hire date, you will be permanently assigned to Plan 2.

- ☐ Plan 2  
☐ Plan 3

### Section 3: Signature Required (new and returning members)

This form confirms your active enrollment in a Department of Retirement Systems PERS, TRS or SERS retirement plan. Sign and date this form the day you submit it to your employer.

**New member:** I have chosen the retirement plan marked in Section 2. I understand my retirement plan selection is permanent. If I selected Plan 3, I have also completed Section 4.

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

Signature	Date
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#### Section 4: Plan 3 Contribution Rate and Investment Selection

**Plan 3 contribution rate:** The percentage of your pay that will go toward your retirement account. If you don't choose, your default rate will be Option A. You can only change your rate when you change employers (or by purchasing optional service credit from work as a substitute teacher).

Option	Your Contribution Rate
<input type="checkbox"/> Option A	5.0%
<input type="checkbox"/> Option B (age based)	5.0% up to age 35 6.0% ages 35 to 44 7.5% age 45 and older
<input type="checkbox"/> Option C (age based)	6.0% up to age 35 7.5% age 35 to 44 8.5% age 45 and older
<input type="checkbox"/> Option D	7.0%
<input type="checkbox"/> Option E	10.0%
<input type="checkbox"/> Option F	15.0%

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

☐ **Use the target date fund for my age (SELF Program)**

This option places you in the target date fund that assumes you'll begin withdrawing funds at age 65. No additional action is needed if you choose this option.

☐ **I will choose my own investments (SELF Program)**

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, visit [drs.wa.gov/login](https://drs.wa.gov/login) to choose your investments (or call 888-327-5596). If you do not choose investments, your contributions will be invested in the target date fund that assumes you'll begin withdrawing funds at age 65.

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

This one-step fund is not adjusted based on your age, but is managed in the same way the state pension fund is invested. No additional action is needed if you choose this option.

For more information about Plan 3, including a complete list of available investments, visit [drs.wa.gov/login](https://drs.wa.gov/login) or call 888-327-5596.

**Return the completed form to your employer.**

#### Section 5: To Be Completed by Employer

Employer Name and Mailing Address

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Reporting Group

Employers: Load completed form to the Upload Documents section of ERA.  
OR mail to 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.



## 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](http://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/oa](http://www.drs.wa.gov/oa). You can then edit your primary *beneficiaries* or copy them to another retirement system or program. Your *contingent beneficiaries* will only appear in your online account if you add them; otherwise, we will keep them on file. 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.

### Your Account Information

Your 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) <input type="checkbox"/> 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. <input type="checkbox"/> Retiree: I am a DRS member who contributed to a retirement system and is now collecting a retirement benefit. <input type="checkbox"/> Survivor: I am receiving a benefit from a deceased DRS member's or retiree's account. <input type="checkbox"/> Legal-Order Payee: I have been awarded a portion of a DRS retirement benefit.													
Are you receiving money from someone else's account? <input type="checkbox"/> Yes (Provide Name and Social Security Number Below) <input type="checkbox"/> No													
Account Holder's Name (If Different from Above)		Social Security Number (If Different from Above)											
Retirement System and/or Program <table border="0"><tr><td><input type="checkbox"/> Apply to All My Retirement Plans/Programs</td><td><input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)</td></tr><tr><td><input type="checkbox"/> Public Employees' Retirement System (PERS)</td><td><input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)</td></tr><tr><td><input type="checkbox"/> Teachers' Retirement System (TRS)</td><td><input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)</td></tr><tr><td><input type="checkbox"/> School Employees' Retirement System (SERS)</td><td><input type="checkbox"/> Judicial Retirement System (JRS)</td></tr><tr><td><input type="checkbox"/> Deferred Compensation Program (DCP)</td><td><input type="checkbox"/> Judicial Retirement Account (JRA)</td></tr></table>				<input type="checkbox"/> Apply to All My Retirement Plans/Programs	<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)	<input type="checkbox"/> Public Employees' Retirement System (PERS)	<input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)	<input type="checkbox"/> Teachers' Retirement System (TRS)	<input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)	<input type="checkbox"/> School Employees' Retirement System (SERS)	<input type="checkbox"/> Judicial Retirement System (JRS)	<input type="checkbox"/> Deferred Compensation Program (DCP)	<input type="checkbox"/> Judicial Retirement Account (JRA)
<input type="checkbox"/> Apply to All My Retirement Plans/Programs	<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)												
<input type="checkbox"/> Public Employees' Retirement System (PERS)	<input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)												
<input type="checkbox"/> Teachers' Retirement System (TRS)	<input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)												
<input type="checkbox"/> School Employees' Retirement System (SERS)	<input type="checkbox"/> Judicial Retirement System (JRS)												
<input type="checkbox"/> Deferred Compensation Program (DCP)	<input type="checkbox"/> 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 at [www.drs.wa.gov/oa](http://www.drs.wa.gov/oa).

## 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

<input checked="" type="checkbox"/> Primary ____ %	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Social Security Number	Date of Birth	City	State	ZIP
<input type="checkbox"/> Primary ____ % <input type="checkbox"/> Contingent ____ %	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Social Security Number	Date of Birth	City	State	ZIP
<input type="checkbox"/> Primary ____ % <input type="checkbox"/> Contingent ____ %	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Social Security Number	Date of Birth	City	State	ZIP
<input type="checkbox"/> Primary ____ % <input type="checkbox"/> Contingent ____ %	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Social Security Number	Date of Birth	City	State	ZIP

## Minor Children

If your beneficiaries include minor children, additional steps are required by law to transfer funds. Failure to indicate a custodian for minor beneficiaries before your death may require guardianship proceedings in court.

Custodian's Name (Last, First, Middle)	Relationship to Minor Child(ren)		
Mailing Address	City	State	ZIP

## Signature Required – Do not type your name. We can only accept handwritten signatures.

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 (Handwritten only. Typed signatures will not be accepted.)	Date (mm/dd/yyyy)
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