



Plan 3 Investment Beneficiary Designation

This form is for **retiring or retired** Plan 3 members to select defined contribution account beneficiaries.

Send completed form to:
 Department of Retirement Systems
 PO Box 48380 • Olympia, WA 98504-8380
 www.drs.wa.gov • Call: 800.547.6657
 Fax: 360.664.7975 • TTY: 711

Important Information

Use this form to designate beneficiaries for your Plan 3 investment contributions. These can be the same or different from the beneficiaries (or survivor) you name for your pension retirement. Review your beneficiaries before or after retirement through your online account at drs.wa.gov/oa. *Contingent beneficiaries* will only appear in your online account if you add them; otherwise, we will keep them on file. If you make a mistake, please correct it and initial beside the correction.

Plan 3 investment funds are distributed to your beneficiaries (no survivor option). If you chose a survivor option for your monthly pension and want the same person to receive your investment contributions, you can add them on this form. The changes you make here will replace any prior investment beneficiary on file.

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"/> Retiring: I am submitting my application for retirement to DRS. <input type="checkbox"/> Retired: I am a DRS member who contributed to a retirement system and is now collecting a retirement benefit. <input type="checkbox"/> I have been awarded a portion of a DRS retirement benefit.			
Plan 3 Investment Account (this form does not change your pension account beneficiaries)			
<input type="checkbox"/> Public Employees' Retirement System (PERS) <input type="checkbox"/> Teachers' Retirement System (TRS) <input type="checkbox"/> School Employees' Retirement System (SERS)			

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.



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.

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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