



Deferred Compensation Program (DCP) Rollover In Request

Customers enrolled in DCP can use this form to roll over or transfer eligible funds (pretax or Roth) 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** before completing this rollover request. See drs.wa.gov/dcp.
- You can roll funds into DCP from any eligible plan or pretax IRA. Roth IRA rollovers are not eligible. Check with your plan provider to ensure you meet the requirements to roll over your funds.
- Have your financial institution:
Make check payable to: Department of Retirement Systems FBO (customer name)
Mail payment to: Deferred Compensation Program, PO Box 9018, Olympia, WA 98507-9018
If rollover is Roth: Provide documentation including first Roth contribution date and a breakdown of contributions and earnings. (If check is mailed by the customer, DRS still requires this documentation.)
- If your financial institution sends payment to you, mail both the check and form to the PO Box 9018 address listed above.
- Your financial institution may require you to complete a separate form to rollover or transfer funds.
- Funds received into the program will be invested according to your current investment allocation.

Personal Information

Name (Last, First, Middle)	Phone Number	Social Security Number (last 4) XXX-XX-	
Mailing Address	City	State	ZIP

Required: Rollover Source (Ask your financial institution if you're unsure)

Pretax source of funds: <input type="checkbox"/> 457(b) Governmental Plan (Current Employer) D1 DP <input type="checkbox"/> 457(b) Governmental Plan (Previous Employer) D1 DZ <input type="checkbox"/> Individual Retirement Account (IRA) D1 DR <input type="checkbox"/> 401(a) or (k), Thrift Savings Plan (TSP) D1 DQ <input type="checkbox"/> 403(b) D1 DB	Roth source of funds*: <input type="checkbox"/> 457(b) Governmental Plan (Current Employer) D1 DP <input type="checkbox"/> 457(b) Governmental Plan (Previous Employer) D1 DZ <input type="checkbox"/> 401(k) or Thrift Savings Plan (TSP) D1 DQ <input type="checkbox"/> 403(b) D1 DB
*For Roth source: Include date of your first Roth contribution to above account:	Roth Start Date

Contact Information for Rollover Source

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

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.

