



# Member Information Form

This form is for new and returning employees hired into retirement-eligible positions for PERS, SERS or TRS. 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 • [www.drs.wa.gov](http://www.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

<p>Member status</p> <p><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</p> <p><input type="checkbox"/> <b>Returning Plan 1 or Plan 2 Member</b> Complete Section 1 only</p> <p><input type="checkbox"/> <b>Returning Plan 3 Member</b> Complete Sections 1, 3 and 4</p>	<p>System</p> <p><input type="checkbox"/> <b>TRS</b> Teachers' Retirement System</p> <p><input type="checkbox"/> <b>SERS</b> School Employees' Retirement System</p> <p><input type="checkbox"/> <b>PERS</b> Public Employees' Retirement System</p>
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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"/> Male <input type="checkbox"/> Female	Phone Number	
Email Address			

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

Choose your plan. Your selection is permanent. Note: If your employer has not received your plan selection within 90 calendar days of your hire date, you will be permanently assigned to the plan specified in state law.

- Plan 2
- Plan 3 — Also complete Section 4 on the back

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

Sign and date this form on the day you submit it to your employer.

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

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

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

**Plan 3 contribution rate.** If you do not choose an option, your default will be Option A. Once established by selection or default, you may change your rate option only with a change of employer or through the purchase of optional service credit from work as a substitute teacher.

	Age	Member Contribution Rate
<input type="checkbox"/> Option A	All ages	5.0%
<input type="checkbox"/> Option B	Up to age 35 Ages 35 to 44 Ages 45 and older	5.0% 6.0% 7.5%
<input type="checkbox"/> Option C	Up to age 35 Ages 35 to 44 Ages 45 and older	6.0% 7.5% 8.5%
<input type="checkbox"/> Option D	All ages	7.0%
<input type="checkbox"/> Option E	All ages	10.0%
<input type="checkbox"/> Option F	All ages	15.0%

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

- Use the target date fund for my age as part of the Self-Directed Program (SELF)**  
This option will automatically place you in the Retirement Strategy Fund that assumes you'll retire at age 65.
- I will choose my Self-Directed Program Investments (SELF)**  
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, call 888-327-5596 or visit [drs.wa.gov/login](http://drs.wa.gov/login) to choose your investments. If you do not choose investments, your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65.
- Washington State Investment Board (WSIB) Investment Program**

For more information about Plan 3 investments, including a complete list of available investments, visit [drs.wa.gov/plan3](http://drs.wa.gov/plan3) or call 888-327-5596.

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

## Section 5: To Be Completed by Employer

Employer Name and Mailing Address	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
Reporting Group								

Employers: Mail the original of this form to DRS only if Section 2 was required.  
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

As a new employee, it is important that you choose your beneficiaries when you select a retirement plan. Select and update your beneficiaries online or complete and mail this form to DRS. Accessing your online account: Once your Member Information Form has been processed, create an account at [drs.wa.gov/oaa](http://drs.wa.gov/oaa) to view and update your beneficiaries online.

## Personal Information

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 <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

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	Date
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