

You can fill out the form below, but did you know there's an easier way?

Save time by completing your paycheck contribution change through *online account access*.

The number of fields you complete? Just **one**—the new amount you wish to contribute every month. The form below has **12** required fields.

Log into or create an online account today. It's fast and easy!

You can also change your contribution amount by calling **888-327-5596**.

Change your paycheck contribution online

- 1 Log onto online account access. www.drs.wa.gov/oaa

Your Retirement Account ?

[Log in](#) | [Sign up](#)

Find all your retirement accounts here.

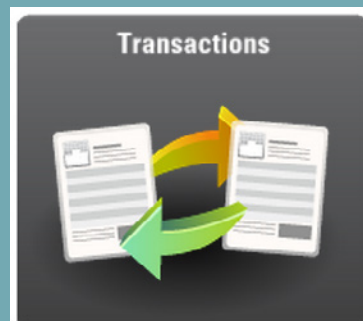
- 2 Choose DCP under your supplemental retirement plans list.

Your Supplemental Retirement Plan(s)

Access your supplemental retirement plans(s) directly.

- [Deferred Compensation Program \(DCP\)](#)

- 3 Under the transactions image box, select "Change Paycheck Contribution."



Transfer My Investments
Change Future Investments
Change Paycheck Contribution
[+] More Options

- 4 Enter your new monthly contribution amount and save changes.



DEFERRAL CHANGE REQUEST

DEFERRED COMPENSATION PROGRAM

PO Box 48380 Olympia, WA 98504-0931 ♦ www.drs.wa.gov/dcp
Toll Free: 888.327.5596 ♦ TTY: 711 ♦ Fax:360.586.5474



PARTICIPANT INFORMATION

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

INSTRUCTIONS

Complete this form to change the amount of your monthly deferral. If your employer requires your signature to deduct the deferral from your pay, submit a copy of this form to your payroll (not required for state agency employees). If your employer is providing an employer match, this amount should be included in your requested deferral change amount.

Mail this completed form to the address listed above. You may also make deferral changes by calling the DCP Information Line at 888-327-5596, or by logging into your retirement account at www.drs.wa.gov.

DEFERRAL INFORMATION

- **Under Age 50:** You may defer up to \$18,000 annually (\$1,500 monthly) from your pay in 2016. The monthly minimum is \$30.
- **Age 50 and Over:** You may defer \$24,000 annually (\$2,000 monthly) from your pay in 2016. Please contact DCP if you want to defer more than \$2,000 monthly.
- Deferrals will begin on the earliest date possible depending upon the processing time required by your employer's payroll department and the provisions set forth in Section 457 of the Internal Revenue Code.
- To discontinue your deferrals into DCP, place a Ø in the Deferral Authorization section of this form.

DEFERRAL AUTHORIZATION

I authorize my employer to defer \$ _____ monthly from my paycheck(s).
(whole dollars)

Check here if your employer provides employer match. If you are unsure, check with your payroll office.
(Employer matches do not apply to state employees)

This authorization replaces my current deferral election.

Participant Signature	Date
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