



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

Member Status and System

| | |
|--|---|
| Member status <input type="checkbox"/> New Member Choosing Plan 2: Complete Sections 1, 2 and 3 Choosing Plan 3: Complete Sections 1, 2, 3 and 4 <input type="checkbox"/> Returning Plan 1 or Plan 2 Member Complete Section 1 only <input type="checkbox"/> Returning Plan 3 Member Complete Sections 1, 3 and 4 | System <input type="checkbox"/> TRS Teachers' Retirement System <input type="checkbox"/> SERS School Employees' Retirement System <input type="checkbox"/> PERS Public Employees' Retirement System |
|--|---|

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 decision is permanent. Note: you will be assigned to Plan 3 if your employer has not received your plan selection within 90 calendar days of your date of hire.

- ☐ 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 |
|-----------|------|

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.



Section 4: Plan 3 Contribution Rate and Investment Program Selection

Choose an income 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% |

Choose an investment program. If you do not choose an investment program, you will be defaulted into the Self-Directed Investment Program and all of your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65. You can change your investment program at any time.

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

☐ **Self-Directed Investment Program**

You must choose how your contributions will be invested. You may do so by phone at 888-327-5596 or online at drs.wa.gov/login. If you do not choose your investment allocations, your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65.

For more information about these investment programs, contact the DRS record keeper Empower Retirement at 888-327-5596.

Return the completed form to your employer.

Section 5: To Be Completed by Employer

Employer Name and Mailing Address

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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