



## 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

<b>Member status</b> <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 <input type="checkbox"/> <b>Returning Plan 1 or Plan 2 Member</b> Complete Section 1 only <input type="checkbox"/> <b>Returning Plan 3 Member</b> Complete Sections 1, 3 and 4	<b>System</b> <input type="checkbox"/> <b>TRS</b> Teachers' Retirement System <input type="checkbox"/> <b>SERS</b> School Employees' Retirement System <input type="checkbox"/> <b>PERS</b> Public Employees' Retirement System
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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	5.0%
	Ages 35 to 44	6.0%
	Ages 45 and older	7.5%
<input type="checkbox"/> Option C	Up to age 35	6.0%
	Ages 35 to 44	7.5%
	Ages 45 and older	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](https://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](https://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></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Reporting Group</p> <p>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</p>							

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.