



Member Transfer Form

This form is for eligible Plan 2 members who want to transfer from Plan 2 to Plan 3. The transfer option is only available in **January**.

Give completed form to your employer.

Need help? Contact DRS.
800.547.6657 or 360.664.7000 • TTY: 711
www.drs.wa.gov

Personal Information

System <input type="checkbox"/> Public Employees (PERS) <input type="checkbox"/> Teachers (TRS) <input type="checkbox"/> School Employees (SERS)			
Name (Last, First, Middle)		Maiden Name	Social Security Number
Mailing Address			
City	State	ZIP	Phone Number

Contribution Rate and Investment Selection

Plan 3 contribution rate: The percentage of your pay that will go toward your retirement. If you don't choose, your default rate will be Option A. You can only change your rate when you change employers.

Option	Your Contribution
<input type="checkbox"/> Option A	5.0%
<input type="checkbox"/> Option B (age based)	5.0% up to age 35 6.0% ages 35 to 44 7.5% age 45 and older
<input type="checkbox"/> Option C (age based)	6.0% up to age 35 7.5% ages 35 to 44 8.5% age 45 and older
<input type="checkbox"/> Option D	7.0%
<input type="checkbox"/> Option E	10.0%
<input type="checkbox"/> Option F	15.0%

Plan 3 investment: Choose one. You can change your investment selection at any time. Visit drs.wa.gov/login for more Plan 3 info.

- ☐ **Use the target date fund for my age (SELF Program)**
This option places you in the target date fund that assumes you'll begin withdrawing funds at age 65. No additional action is needed if you choose this option.
- ☐ **I will choose my own investments (SELF Program)**
Once you submit this form and receive a letter that confirms your plan choice, visit drs.wa.gov/login to choose your investments (or call 888-327-5596). If you do not choose investments, your contributions will be invested in the target date fund that assumes you'll begin withdrawing funds at age 65.
- ☐ **WSIB TAP (WSIB Program)**
This one-step fund is not adjusted based on your age, but is managed in the same way the state pension fund is invested. No additional action is needed if you choose this option.

Signature Required

This form must be signed between Jan. 1 and Jan. 31. Sign and date this form on the day you submit it to your employer.

- I have chosen to transfer from Plan 2 to Plan 3. I understand my plan selection is permanent.
- If I did not select a contribution rate, I will be assigned the current default rate of 5%.

Signature	Date (mm/dd/yyyy)
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Give completed form to your employer.

Employers:
Use Plan Choice code 3X on January or February transmittal. Load completed form to the Upload Documents section of ERA.
OR mail to: 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.)

