



MEMBER INFORMATION FORM

Return completed form to your employer.

For plan, contribution rate and investment program selection

New members*

Choosing Plan 2 - Complete Sections 1 and 2A
 Choosing Plan 3 - Complete Sections 1, 2A, 3 and 4 and submit to your employer within 90 days of your date of hire

Members transferring from Plan 2 to Plan 3

Complete Sections 1, 2B, 3 and 4

Returning Plan 3 members

Complete Sections 1, 3 and 4 and submit to your employer within 90 calendar days of your date of hire

Check One:

- TRS = Teachers' Retirement System
- SERS = School Employees' Retirement System
- PERS = Public Employees' Retirement System

SECTION 1: Personal Data – To Be Completed by All Members

Name (Last, First, Middle)	Social Security Number
Maiden Name	

SECTION 2: Retirement Plan Selection

Complete either A or B below.

A) To be completed by new members.*

Choose One:

- Plan 2
- Plan 3 (requires completing sections 3 and 4 on back)

I certify that I have chosen the retirement plan marked above. I understand that my retirement plan selection is **irrevocable**.

Member Signature (required)
Date

Please sign and date this form on the day that you **submit it to your employer**. Note: You will be assigned to Plan 3 if your employer has not received your plan selection within 90 calendar days from your date of hire.

**New member - TRS members who first become employed in an eligible position on or after July 1, 2007. SERS members who first become employed in an eligible position on or after July 1, 2007, unless they had prior service in PERS Plan 2. PERS members who first become employed in an eligible position on or after March 1, 2002, at a higher education or state agency employer; or who first become employed in an eligible position on or after September 1, 2002, at a local government employer.*

B) To be completed by any Plan 2 member eligible to transfer to Plan 3.

I certify that I have chosen to transfer from Plan 2 to Plan 3. I understand that my selection of Plan 3 is **irrevocable**. I have provided the information requested in Sections 3 and 4 on the back of this form.

Member Signature (required)
Date

Please sign and date this form on the day that you **submit it to your employer**.

SECTION 3: Selection of Contribution Rate – To Be Completed by All Plan 3 Members

Place a check mark in the box next to the contribution rate option you choose. If you do not select an option within 90 days, your default will be Option A. Once established by selection or default, you may only change your contribution rate option when you change employers. The only exception is that the IRS currently allows TRS Plan 3 members to change their rate option each January. The IRS could end rate change options at any time.

		Base Rate	Additional Rate	Total Member Contribution Rate
<input type="checkbox"/> Option A	All ages	5.0%	0.0%	5.0%
<input type="checkbox"/> Option B	Up to Age 35	5.0%	0.0%	5.0%
	Age 35 to 44	5.0%	1.0%	6.0%
	Age 45 and above	5.0%	2.5%	7.5%
<input type="checkbox"/> Option C	Up to age 35	5.0%	1.0%	6.0%
	Age 35 to 44	5.0%	2.5%	7.5%
	Age 45 and above	5.0%	3.5%	8.5%
<input type="checkbox"/> Option D	All ages	5.0%	2.0%	7.0%
<input type="checkbox"/> Option E	All ages	5.0%	5.0%	10.0%
<input type="checkbox"/> Option F	All ages	5.0%	10.0%	15.0%

Member Signature (required)	Date
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SECTION 4: Selection of Investment Program – To Be Completed by All Plan 3 Members

Place a check mark in the box next to the investment program you choose. If you do not choose an investment program, your contributions will be reported into the Washington State Investment Board (WSIB) Investment Program:

- Washington State Investment Board (WSIB) Investment Program.**
- Self-Directed Investment Program.** You must choose how your contributions will be invested. You may do so online at <http://www.icmarc.org/plan3>, by phone at 1-888-711-8773 or with a Plan 3 Self-Directed Investment Allocation form.
As of October 6, 2008, if you do not make a choice your contributions will be invested in the 2010 Retirement Strategy Fund.

You can obtain information about both investment programs by contacting ICMA-RC toll-free at 1-888-711-8773.

Member Signature (required)	Date
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RETURN COMPLETED FORM TO YOUR EMPLOYER.

SECTION 5: To Be Completed by Employer

Print or type employer name and mailing address below:	<table border="1" style="margin: 0 auto;"> <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> </tr> </table> Reporting Group						
	Employers: <i>Mail the original of this document to DRS only if Section 2 was required.</i> Department of Retirement Systems PO Box 48380 Olympia WA 98504-8380 Toll Free: 1-800-547-6657 Local: 360-664-7000						

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.