



Legal Order Payee Member Beneficiary Designation

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TDD: 360-586-5450

Instructions: Please type or print in dark ink and return completed form to DRS. Use this form to designate or change your beneficiary(ies) with the retirement system indicated below. The designated beneficiary(ies) will receive any monies due at the time of your death.

SECTION ONE: Identification Please type or print in dark ink.

Name (Last, First, Middle)		Social Security Number	
Mailing Address	City	State	ZIP Code
Daytime Phone Number ()	Evening Phone Number ()		
Name of Retirement System and Plan (check only one):			
<input type="checkbox"/> PERS Plan 1 <input type="checkbox"/> PERS Plan 2 <input type="checkbox"/> PERS Plan 3 <input type="checkbox"/> SERS Plan 2 <input type="checkbox"/> SERS Plan 3 <input type="checkbox"/> PSERS Plan 2 <input type="checkbox"/> TRS Plan 1 <input type="checkbox"/> TRS Plan 2 <input type="checkbox"/> TRS Plan 3 <input type="checkbox"/> LEOFF Plan 2 <input type="checkbox"/> WSPRS Plan 2			

SECTION TWO: Beneficiary Designation -- You must designate at least one primary beneficiary.

Your designated primary and contingent beneficiary(ies) may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form. For each beneficiary, check whether you wish to make that person or entity a primary or contingent beneficiary. When naming a person, always show given names. For example: MARY K. DOE (not Mrs. Robert Doe).

You may designate more than one beneficiary. If you do, the funds will be divided equally among all named beneficiaries unless otherwise specified or required by law. Your primary beneficiary(ies) will receive any monies in your account at the time of your death. If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive the distribution.

Designation	Full name of persons or estate (trusts below)	Relationship	Address
Primary <input checked="" type="checkbox"/>			Street
	Social Security Number:	Date of Birth: - -	City State Zip
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Must check one			Street
	Social Security Number:	Date of Birth: - -	City State Zip
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Must check one			Street
	Social Security Number:	Date of Birth: - -	City State Zip
Designation	Trust or organization (attach documentation)	Trustee or Administrator	Address
Primary Contingent <input type="checkbox"/> <input type="checkbox"/> Must check one			Street
	Tax ID Number:		City State Zip

Important: Your beneficiary designation may be limited by your specific retirement plan, see your plan handbook for details. Your designation may be invalidated by marriage, divorce, or reestablishment of membership following withdrawal or retirement. Make a copy of your beneficiary designation and review it periodically to ensure that it is still valid.

Continue, reverse side MUST be completed. >>>>

SECTION THREE: Certification - MUST complete in full. If the signature can only be made by mark, it must be witnessed by two persons who sign the form. The two witnesses must sign in the witness section and initial in the certification section if marked with an "X."

I, _____, (print name in dark ink) hereby direct that any monies related to my account, unless otherwise specified or required by law, will be paid in equal shares to any primary beneficiaries named on this form who survive me, but if none survive, such monies will be paid in equal shares to any contingent beneficiaries named on this form who survive me. I hereby certify that I have read and understand the instructions to this form and that all of the information I have entered on this form is true and complete. Submission of this document revokes any prior designations that I have made.

Signature

Date

SECTION FOUR: Witness - MUST be completed by a person, other than a beneficiary, who witnesses the member's signature. To protect members from fraudulent claims, it is required that another person witness the member's signature on this document and complete and sign this section. A beneficiary cannot sign as a witness.

I, _____, (print witness name - **cannot be beneficiary** - in dark ink) am witness that the above named member completed and signed this document.

Signature

Date

Street

City

State

Zip

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.

