

PERS Plan 2

Retirement Application

- ✓ DRS cannot process your application for retirement if the required notarization sections are not complete.
- ✓ If the benefit option you choose is a survivor option (option 2, 3 or 4), you must send a proof-of-age document for your named survivor.
- ✓ Your retirement contributions were pretax, and the IRS requires taxes on your benefit payments.
- ✓ This application is for your pension account retirement. Withdraw your DCP contributions separately from drs.wa.gov/login.

Return your completed, signed and notarized application to DRS at least 5 weeks before your retirement date, and we'll take care of the rest.

Retire faster online at drs.wa.gov/oaa

Instructions

Complete and submit all four application pages (two pages front and back).

Member Information

Fill in all the information. Enter the same name you use to file your income tax return.



Your separation and effective retirement dates are required. We cannot process your application without both dates.

Employment Information

To qualify for retirement, you must separate from all employment covered by Washington state's retirement systems before your retirement date. Your separation and effective retirement dates are required. We cannot process your application without both dates.

Your effective date of retirement is the first of the month following your qualification for retirement. For example, if you separated from employment June 30, 2020, and you meet the qualifying age on Jan. 15, 2022, your retirement date is Feb. 1, 2022.

You cannot work within the retirement month you select, and retirement dates are always the first of the month. For example, if the last day you worked (separation date) was Sept. 1, your earliest retirement date would be Oct. 1 because you worked a portion of September. If your last day worked was Aug. 31, your retirement date could be Sept. 1.

If your employer was the City of Seattle, the City of Spokane or the City of Tacoma, you might be eligible for a dual member benefit. If you are contributing to a higher education retirement plan (HERP), you must separate from that employment before we can process your retirement application.



Early Retirement Factor (ERF) Selection

If you want to take the 2008 ERF, indicate that here. Your selection is permanent.





PERS Plan 2 Retirement Application

This form is for members of the Public Employees' Retirement System (PERS).

Send completed form to:
 Department of Retirement Systems
 PO Box 48380 • Olympia, WA 98504-8380
www.drs.wa.gov • Call: 800.547.6657
 Fax: 360.664.7975 • TTY: 711

Member Information

Name (Last, First, Middle)		Social Security Number	
Mailing Address		City	State ZIP
Are You a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country (if not US)	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Prefer not to say	
Date of Birth (mm/dd/yyyy)	Phone Number	Alternate Phone Number	
Personal Email Address (so DRS can contact you after your retirement)			
Marital Status: By law, you must provide your marital status and notify DRS of any change in marital status that occurs before your retirement. <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married/Registered Domestic Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced If you are, or have been, divorced or separated, was your spouse awarded any portion of your retirement? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you might be required to provide documentation of your divorce decree.			

Employment Information

Employer	Job Title
Required: Date Separated from Employment (mm/dd/yyyy)	Required: Retirement Date (mm/01/yyyy) ____/01/____
Are you a member of, or retired from, a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? <input type="checkbox"/> No <input type="checkbox"/> Yes, Seattle <input type="checkbox"/> Yes, Spokane <input type="checkbox"/> Yes, Tacoma	If Yes, City Employment Dates (mm/dd/yyyy) From: _____ To: _____ Retirement Date (mm/dd/yyyy) _____
Have you ever contributed or are you currently contributing to a higher education retirement plan (HERP) in Washington state? <input type="checkbox"/> No <input type="checkbox"/> Yes, Employer: _____	If Yes, HERP Employment Dates (mm/dd/yyyy) From: _____ To: _____

Early Retirement Factor (ERF) Selection

For members hired before 5/1/2013, retiring before age 65, with 30 or more years of service credit.

2008 ERF: Your benefit is not reduced if you retire at age 62 or later. However, it is reduced for each year before age 62. If you return to work in any capacity for a DRS-covered employer, see your plan webpage for more information about working after retirement.

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.



PERS Plan 2 Retirement Application

Name (Last, First, Middle)	Social Security Number
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Beneficiary Designation

You must name at least one primary beneficiary. Do not name yourself (or your survivor if you choose option 2, 3, or 4). If you pick more than one primary beneficiary or more than one contingent beneficiary, the total percentage(s) for each category must add up to 100%. Use whole numbers (for example, 50% and 50% or 66% and 34%). A contingent beneficiary is a person or entity you choose to receive your money if both you and all your primary beneficiaries die. If you have more than three beneficiaries, attach a separate sheet with the same information as below; then sign and date it.

<input checked="" type="checkbox"/> Primary ____ %	Name (Last, First) or Full Name of Entity	Mailing Address			
Relationship	Social Security Number	Date of Birth	City	State	ZIP
<input type="checkbox"/> Primary ____ % <input type="checkbox"/> Contingent ____ %	Name (Last, First) or Full Name of Entity	Mailing Address			
Relationship	Social Security Number	Date of Birth	City	State	ZIP
<input type="checkbox"/> Primary ____ % <input type="checkbox"/> Contingent ____ %	Name (Last, First) or Full Name of Entity	Mailing Address			
Relationship	Social Security Number	Date of Birth	City	State	ZIP

Choose one of the four options.

Single Life Benefit Option 1

Option 1 — Single Life: No continuing benefit for a survivor upon your death. Your beneficiaries would receive a lump-sum payment of any remaining account balance.

If you select this Single Life Benefit Option 1, STOP. Do NOT complete the survivor sections below. Continue to the next page.

Survivor Options 2, 3 or 4

You can reduce your monthly benefit to provide a lifetime monthly benefit to one survivor following your death. Review your estimate to see the reduction and benefit amounts for each option.

- Option 2 — 100% Survivor:** Your survivor will receive the same monthly benefit you were receiving.
- Option 3 — 50% Survivor:** Your survivor will receive half the monthly benefit you were receiving.
- Option 4 — 66.67% Survivor:** Your survivor will receive two-thirds the monthly benefit you were receiving.

Survivor Information (Complete if you chose option 2, 3 or 4)

Survivor Name (Last, First, Middle)	Social Security Number	Date of Birth	
Mailing Address	City	State	ZIP
Phone Number	Relationship	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Prefer not to say	

Survivor Proof of Age: Select one proof-of-age document below, and submit a copy of it with your application

- | | | |
|---|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Global Entry Card | <input type="checkbox"/> Certificate of Armed Services Record (US DD-214) |
| <input type="checkbox"/> Passport/Passport Card | <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Government-Issued Identification (ID) Card |
| <input type="checkbox"/> NEXUS Card | <input type="checkbox"/> Government-Issued Driver License | |



**DRS cannot process your application if the benefit option section on form page two includes erasures, white outs or cross outs.**

You must choose one of the four benefit options and your selection is permanent. Once you retire, you can change your option only under limited circumstances such as the death of your survivor, or a marriage in retirement. See your plan at drs.wa.gov/plan for more information.

The enclosed Estimate of Benefits can help you choose a single life or survivor benefit option. If your estimate includes a Present Value total in the Your Benefit Options box, you can choose between a monthly benefit using this application, OR a one-time lump sum retirement using the enclosed Present Value Lump Sum Retirement Application.



If you cancel this application, be sure to review your beneficiaries on file. These could be updated as a result of submitting your application.

 Single Life Benefit Option 1

- This option provides a retirement benefit payable for your lifetime. The beneficiary you name will receive any unpaid portion of your remaining contribution balance. Submit a new beneficiary form anytime you want to change your designated beneficiary. If you choose the single life option, your beneficiary does NOT receive an ongoing monthly benefit. If you choose this option and you have a spouse, legally separated spouse or partner, they will need to consent by completing the notarization on this form.

 **If you select the Single Life Benefit Option, STOP. Do NOT complete the Survivor Option section. Continue to the next page.**

 Survivor Benefit Options 2, 3 and 4

You can reduce your monthly benefit to provide a lifetime monthly benefit to one survivor. When choosing a survivor option, the total life expectancy for you and your survivor determines the exact reduced percentage in these options. Review your estimate to see the reduction and benefit amounts for each option. If your survivor dies before you do, you can request to have DRS adjust your benefit to option 1 beginning the month after your survivor's death.

- **Option 2 — 100% Survivor:** Your survivor will receive the same monthly benefit you were receiving before your death.
- **Option 3 — 50% Survivor:** Your survivor will receive half the monthly benefit you were receiving before your death.
- **Option 4 — 66.67% Survivor:** Your survivor will receive two-thirds the monthly benefit you were receiving before your death.

Survivor Designation: This section tells us who will receive a benefit upon your death. If you name someone other than your spouse, legally separated spouse or partner as your survivor, the spouse will need to consent by completing the notarization on this form. If spousal consent isn't included and notarized, your benefit could be delayed or reduced. If you cancel your application, the most recent beneficiary designation we have in your file will stay in effect.

 Survivor Proof of Age

If you choose survivor option 2, 3 or 4, you must send a copy of a proof-of-age document for the survivor you name. Only documents listed here can be accepted as proof of age. The document must include the month, day and year of birth.

Optional PERS Annuity or Additional Service Credit

You can purchase optional annuities to increase your lifetime monthly retirement income.



PERS plan annuity: If you elect to purchase this using your Washington State DCP funds, we'll begin the transfer about a week before your retirement date. If you select to purchase using 100% of your DCP funds, we'll transfer the funds after your last deferral has been deposited to your account. For other payment sources, we'll send you an optional bill and a rollover authorization form. Submit your payment and the form anytime during the retirement process. The payment is due within 90 days of either the bill's issue date or your retirement date, whichever is later.

Additional service credit: Once we process your retirement, we'll send you a bill for the annuity amount you requested. Your payment is due within 90 days of the bill's issue date or retirement date, whichever is later.

For more information about annuities, visit drs.wa.gov/annuity.

Direct Deposit Authorization

Direct deposit allows DRS to deposit your funds electronically, which can be faster and simpler than a mailed payment. If this section is blank or incomplete, DRS will mail your payments to the address on your file. If your direct deposit cannot be verified and set up by the payment cutoff date of your retirement month, your initial benefit will be mailed to your mailing address. This may cause your check to arrive 3-7 days late.



Your financial institution's website or representative can help you locate the routing and account numbers for your direct deposit. You can also write VOID on a check and mail it with your application.

If you complete this section, DRS will transfer your monthly retirement payment after required IRS withholding to your designated financial institution for deposit. Additionally, you authorize the designated financial institution to refund DRS any payments made in error. Federal restrictions do not allow DRS to transfer funds electronically if the funds will be immediately credited to an account outside the United States.

IRS Tax Withholding

Your pension retirement income is taxed. If you don't include a W-4P with your retirement application, DRS is required to withhold federal taxes as if you are single with no adjustments. To adjust your IRS tax withholding amount after retirement, log into your online account. You can also send an IRS W-4P form to DRS. This form is on the IRS and DRS websites.



The DRS [withholding calculator](#) can help you estimate your pension income. Visit drs.wa.gov/calculators.

Name (Last, First, Middle)	Social Security Number
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Optional PERS Annuity Purchase (total must be at least \$5,000)

Source of Funds (select all that apply)

- Washington State Deferred Compensation Program (DCP) pretax balance
 - Amount \$ _____ or Apply 100% of my pretax DCP balance
- Roll over funds from a qualified governmental plan other than Washington DCP Amount \$ _____

Optional Additional Service Credit Purchase (between 1 and 60 months)

I want to purchase _____ months of additional service credit. (You can buy between one and 60 months of service credit.) Purchasing service credit will increase your monthly benefit, but it will not increase the years of service posted on your account.

Source of Funds (select all that apply)

- Washington State Deferred Compensation Program (DCP) pretax balance
- Roll over funds from a qualified plan other than Washington DCP
- Other (check, money order, cashiers check)

Direct Deposit Authorization

Due to federal restrictions, we cannot transfer funds electronically if the funds will be immediately credited to an account outside the United States.

I authorize and request:

- The Department of Retirement Systems (DRS) transfer the full amount of my monthly benefit payment, after authorized deductions, to the designated financial institution for deposit
- The designated financial institution refund to DRS any overpayments to my account made subsequent to my death or payments made in error

Name of Financial Institution	Routing Number (bottom left number on checks)
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number (after the routing number on checks)

IRS Tax Withholding



Your application must include a completed IRS Form W-4P

DRS is required to process your IRS tax withholding as **single with no adjustments** if we don't receive your W-4P.

Forms are available at drs.wa.gov and irs.gov.



PERS Plan 2 Retirement Application

Name (Last, First, Middle)	Social Security Number
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Notarization is required to process your application.

Member Signature (notarization required)

I am applying for retirement with the selections on this form. My signing in the presence of a notary means: All statements on this application are correct, including my selection of benefit option, as well as my full name and Social Security number.

Member Signature		Date (mm/dd/yyyy)
State of	County of	Seal or Stamp
Date Signed or Attested Before Me	Date My Appointment Expires	
Notary Signature		
Notary Name		
Notary Title		

Spouse or Registered Domestic Partner Consent (notarization required)

If you are the spouse, legally separated spouse or registered domestic partner of the applicant, you must give your consent if they: Choose Single Life Option 1 or name someone other than you as their survivor.

If spouse consent is not given and this section is not completed, the benefit could be delayed or reduced.

I, (print name) _____, declare that I am aware of the retirement option selected by the applicant and its effect on me. I consent to the benefit option the applicant chose.

Spouse/Registered Domestic Partner Signature		Date (mm/dd/yyyy)
State of	County of	Seal or Stamp
Date Signed or Attested Before Me	Date My Appointment Expires	
Notary Signature		
Notary Name		
Notary Title		





Member Signature

By signing this application, you confirm that all the statements and decisions you made are true and accurate. That includes your:

- Personal information (address, date of birth, marital status, etc.)
- Intent to retire and the benefit option you selected
- Beneficiary and any survivor designations
- Authorization for direct deposit
- Federal tax-withholding status

You also confirm that you have provided your correct Social Security or Taxpayer Identification Number in this application and that you are a U.S. citizen or resident alien individual. If you are a non-U.S. citizen who plans to move out of the country, you must file IRS form W-8BEN with DRS. The W-8BEN form is available on the IRS website. You must have your signature notarized and sealed by a notary. We cannot accept your retirement application without it.



Spousal/Registered Domestic Partner Declaration of Consent

You must get consent from your spouse, legally separated spouse or registered domestic partner if you:

- Choose the single life option
- Name someone other than your spouse, legally separated spouse or partner as your survivor

Their notarized signature indicates awareness of and agreement to your chosen benefit option. If spousal consent isn't included and notarized, your benefit could be delayed or reduced.

Mail or fax completed form:
Department of Retirement Systems
PO Box 48380
Olympia, WA 98504-8380
Fax: 360.664.7975

What happens next?

After we receive your application, we'll send you a confirmation letter.

We will calculate your initial benefit amount in the month you retire and send you an award letter outlining your benefit. Your award letter will not reflect any health care deductions you've requested.

We will recalculate your benefit amount if we receive any new information from your employer after your retirement date. If your benefit amount changes, we will send you an updated award letter outlining the change.

When do I receive payments?

Payments are processed the last working day of the month in which you retire.

Your first payment could be sent to your mailing address, so it might arrive a day or two later. This could also happen if you change banks or accounts during retirement.

We will send your benefit payment to your financial institution for direct deposit into your account.

This application is for your PERS plan pension

Department of Retirement Systems (DRS) administers PERS Plan 2 Washington public pension retirement payments. You need to apply separately through these organizations for the following:

DCP investment withdrawals

Voya: DRS recordkeeping partner
Website: www.drs.wa.gov/rk
Phone: 888.327.5596

Social Security income

Social Security Administration (SSA)
Website: www.socialsecurity.gov
Phone: 800.772.1213

PEBB health care

Health Care Authority (PEBB or SEBB)
Website: www.hca.wa.gov
Phone: 800.200.1004

Medicare/Medicaid

Government national health insurance
Website: www.medicare.gov/
Phone: 800.633.4227

Federal tax forms and information

Internal Revenue Service (IRS)
Website: www.irs.gov
Phone: 800.829.1040

Things to consider

Do you plan to return to work in public service after you retire?

To avoid canceling your pension payments, there needs to be at least 30 days after the retirement date on your application before returning to work for a DRS-covered employer.

Even after 30 days, your benefit could be affected depending on your position and the number of hours you work.

If you think you might return to work, contact us to find out whether your benefit will be affected. See [Returning to Work](https://drs.wa.gov/life/return/) (drs.wa.gov/life/return/).

Do you have DCP?

The Washington Deferred Compensation Program (DCP) is a supplemental retirement savings program offered by many public employers. See more at drs.wa.gov/dcp.

If your employer offers DCP, and provides compensation for **unused annual or sick leave**, consider deferring these cash-outs into DCP to maximize your savings at retirement.

To contribute your leave to DCP, complete these steps at **least 30 days** before your leave is cashed out.

First, you'll need this information from your employer:

- Dollar amount of your leave cash-out available for DCP deferral (after OASDI and Medicare). For Roth contributions, also deduct federal income tax.
- The date the leave cash-out will be paid.
- For state employees, number of cash-out hours and monthly salary.

Next, contact DRS at 800-547-6657 to request the leave cash-out for DCP.

Do you have deductions?

Organization deductions could automatically transfer to your monthly pension payments. DRS cannot change or remove these.

Combined Fund Drive (CFD) donations:

CFD automatically applies any payroll contributions active employees are making to their retirement payments. Update your selections through CFD.

Other deductions: If you have deductions from other organizations, such as RPEC (Retired Public Employees Council), you will need to contact these organizations to change or remove the deductions.

Are you eligible for medical and dental coverage?

The Health Care Authority (HCA) offers state-sponsored medical and dental coverage to retirees from school districts, higher education employers and state agencies. To participate, you must enroll within 60 days of your separation. For more information, see HCA's enclosed brochure, *Thinking About Retirement?*

Your current medical and dental plans might offer coverage after retirement. Contact your employer or insurance provider to find out more.

Are you retiring as a public safety officer?

If you're retiring as a public safety officer, you might be able to exclude up to \$3,000 of your qualified health, accident and long-term care insurance premiums from your gross taxable income each year. Find out more at drs.wa.gov/life/retired/.

Summary

This document is a summary. State retirement laws govern your benefit. If a conflict exists between the information in this document and what is contained in current law, the law governs.

Privacy

We are committed to protecting the privacy of your personal account information, including your Social Security number, which we use to track your account and submit required reports to the IRS. We will not disclose your information to anyone unless we are required to do so by law. If you have insurance coverage through the Washington State Public Employees Benefits Board (PEBB), we might share your information with PEBB to better serve you.



Department of Retirement Systems

Phone: 360.664.7000

Fax: 360.664.7975

drs.wa.gov