

This is NOT an application to retire - See below for more

# Example DRS Retirement Application



## See the questions we'll ask when you retire!

Whether you retire online or use a paper application, this example application shows the questions you'll answer when you request your lifetime monthly pension benefit.



We're often asked, "Where is the application to retire?" **The application becomes available to you when you are eligible to retire.** Eligible means you'll meet the age and service requirements AND you've received a final benefit estimate from DRS. You'll need to request this final estimate within a year of your intended retirement date.



Most members have the option to retire online--this is the fastest, easiest way to retire because a lot of your information will already be completed for you.

**Retire online through your account at [drs.wa.gov/oaa](https://drs.wa.gov/oaa).**

See the last page for more resources to help you prepare!

# Instructions for the form

Each application form page will have instructions like these on the facing page.

**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.

SAMPLE



# SAMPLE Plan Retirement Application

This is an example of what a DRS retirement application looks like.

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

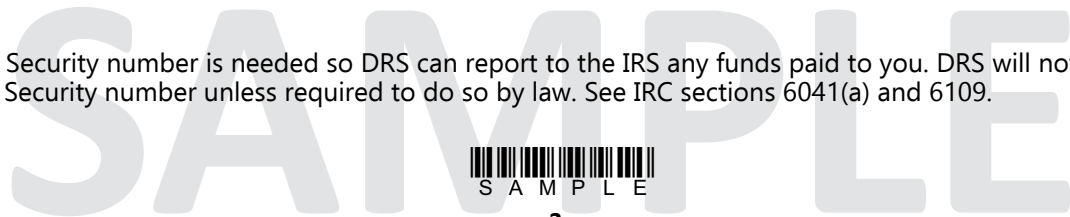
## Member Information

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: _____

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.



**This is an example of a DRS Retirement Application - Not an actual form for retiring**

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

- Birth Certificate
- Global Entry Card
- Certificate of Armed Services Record (US DD-214)
- Passport/Passport Card
- Certificate of Naturalization
- Government-Issued Identification (ID) Card
- NEXUS Card
- 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](https://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 on the form can be accepted as proof of age. The document must include the month, day and year of birth.

**Optional Plan Annuity or Additional Service Credit**

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

**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](https://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](https://drs.wa.gov/calculators).

SAMPLE

Name (Last, First, Middle)	Social Security Number
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**Optional Plan Annuity Purchase** (minimum amount varies by system - see your plan page)

**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](http://drs.wa.gov) and [irs.gov](http://irs.gov).

SAMPLE



This is an example of a DRS Retirement Application - Not an actual form for retiring

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		

SAMPLE



**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

SAMPLE

## 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 plan pension

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

### **DCP or Plan 3 investment withdrawals**

Voya: DRS recordkeeping partner  
Website: [www.drs.wa.gov/rk](http://www.drs.wa.gov/rk)  
Phone: 888.327.5596

### **Social Security income**

Social Security Administration (SSA)  
Website: [www.socialsecurity.gov](http://www.socialsecurity.gov)  
Phone: 800.772.1213

### **PEBB health care**

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

### **Medicare/Medicaid**

Government national health insurance  
Website: [www.medicare.gov/](http://www.medicare.gov/)  
Phone: 800.633.4227

### **Federal tax forms and information**

Internal Revenue Service (IRS)  
Website: [www.irs.gov](http://www.irs.gov)  
Phone: 800.829.1040

## LEOFF Plan 2

Are you a LEOFF Plan 2 member? Your retirement application will also include questions about the Benefit Enhancement options for your plan. Be sure to review the LEOFF Plan 2 page on the DRS website for more information prior to submitting your application.

## 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/](https://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](https://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/](https://drs.wa.gov/life/retired/).

## Plan 3 forms also have this information

Do you know about both parts of your Plan 3 retirement? The application you just completed is for your monthly pension, which was funded by your employer. You also have an investment account, which is made up of the contributions you paid during your career. You withdraw funds from this account separately.

You just selected beneficiaries and possibly a survivor for your pension payments. You also need to choose beneficiaries for your investment contributions separately. DRS will update these when we process your pension retirement.

### Plan 3

#### Pension account

Funded by your employer

Turning this application in to DRS will start your Plan 3 monthly pension income.

#### Pension income timeline:

Payments are processed the last working day of the month in which you retire. You receive them every month for your lifetime.

### Plan 3

#### Investment account

Funded by you

You can withdraw from your investment account any date. Withdraw online at [drs.wa.gov/login](https://drs.wa.gov/login) or call Voya at 888.327.5596.

### Optional TAP Annuity

You can use your Plan 3 investment contributions to purchase the Total Allocation Portfolio (TAP) Annuity. With the TAP Annuity, you are not limited to the survivor options you choose for your pension retirement. You can choose another survivor. You can also purchase the TAP Annuity any time after you separate from DRS-covered employment.

It can take 45 to 90 days to receive your first TAP Annuity payment. Contact the Plan 3 record keeper (Voya) for more information. 888-327-5596

#### Investment withdrawal timeline:

The timing for your payment depends on the type of investments you have as well as how often you choose to receive income.

#### Self-Directed funds

These payments can start as soon as 2-3 weeks after requested.

#### WSIB TAP fund

You can receive your first payment about 6-8 weeks after requested.

See your plan page for more information about withdrawing from your Plan 3 investment account.

Plan 3 members will also choose investment account beneficiaries by completing this double-sided form (included in the retirement application).

PERS Plan 3 Retirement Application



### Plan 3 Investment Beneficiary Designation

This form is for **retiring or retired** Plan 3 members to select defined contribution account beneficiaries.

Send completed form to:  
 Department of Retirement Systems  
 PO Box 48280 • Olympia, WA 98504-8280  
 www.drs.wa.gov • Call: 800.547.6657  
 Fax: 360.664.7575 • TTY: 711

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**Important Information**

Use this form to designate beneficiaries for your Plan 3 investment contributions. These can be the same or different from the beneficiaries (or survivor) you name for your pension retirement. Review your beneficiaries before or after retirement through your online account at [drs.wa.gov/baa](http://drs.wa.gov/baa). Contingent beneficiaries will only appear in your online account if you add them; otherwise, we will keep them on file. If you make a mistake, please correct it and initial beside the correction.

Plan 3 investment funds are distributed to your beneficiaries (no survivor option). If you chose a survivor option for your monthly pension and want the same person to receive your investment contributions, you can add them on this form. The changes you make here will replace any prior investment beneficiary on file.

**Your Account Information**

Your Name (Last, First, Middle)		Social Security Number	
Mailing Address		City	State ZIP
Date of birth (mm/dd/yyyy)	Phone Number	Alternate Phone Number	
Email Address			
My Status (Check All That Apply)			
<input type="checkbox"/> Retiring I am submitting my application for retirement to DRS.			
<input type="checkbox"/> Retired I am a DRS member who contributed to a retirement system and is now collecting a retirement benefit.			
<input type="checkbox"/> I have been awarded a portion of a DRS retirement benefit.			
Plan 3 Investment Account (this form does not change your pension account beneficiary)			
<input type="checkbox"/> Public Employees' Retirement System (PERS)			
<input type="checkbox"/> Teachers' Retirement System (TRS)			
<input type="checkbox"/> Unified Employees' Retirement System (UES)			

**PERS Plan 3 Retirement Application**

You must name at least one primary beneficiary. Do not name yourself. 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%). If you have more than four beneficiaries, attach a separate sheet with the same information as below, then sign and date it. Alternatively, you can update your beneficiary information online.

**Important Definitions**

**Primary beneficiary:** A person or entity (for example, an estate, trust, charitable organization, etc.) you choose to receive your money. After your death, we will pay all primary beneficiaries either equally or in the percentages you chose. If you are married and name someone other than your spouse as your beneficiary, retirement system laws may require DRS to pay your spouse. The total designation for your primary beneficiary selection(s) must equal 100%.

**Contingent beneficiary:** A person or entity you choose to receive your money if both you and all your primary beneficiaries die. The total designation for your contingent beneficiary selection(s) must equal 100%.

**Beneficiary Designation**

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

**Minor Children**

If your beneficiaries include minor children, additional steps are required by law to transfer funds. Failure to indicate a custodian for minor beneficiaries before your death may require guardianship proceedings in court.

Custodian's Name (Last, First, Middle)	Relationship to Minor Children
Mailing Address	City State ZIP

**Signature Required – Do not type your name. We can only accept handwritten signatures.**

For any funds related to my account by my primary beneficiary(ies) in the percentage(s) I chose or as required by law, if any beneficiary passes me in death, share their percentages equally among the remaining primary beneficiaries. If no primary beneficiary survives me, send any funds to my contingent beneficiary. All the information I have entered is true and complete. These changes replace any previous beneficiary choices I have made.

Signature (handwritten only. Typed signatures will not be accepted)	Date (mm/dd/yyyy)
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# Here's what you'll need to complete your application:

Your separation date: MM / DD / YY

The last day you are paid for employment.  
Typically, your last day in public service.

Your retirement date: MM / DD / YY

The first day of the month AFTER your separation date and you've applied for retirement.



- Your current marital status and whether any portion of your retirement has been awarded as part of a divorce or separation



- Whether you'll choose the Single Life Benefit (Option 1) or take a reduced benefit to provide a survivorship option (Option 2, 3 or 4)



- The Social Security number and date of birth for any survivor or beneficiary selected



- If you select a survivorship, a copy of a document that confirms their date of birth, such as a driver's license or passport



- Federal income tax withholding – similar to when you start a new job and fill out a W-4, you will select a filing status and enter other adjustments as applicable.



- Whether you would like to purchase an additional supplementary annuity



- Routing and account number for your bank or credit union for direct deposit



- If you are completing a paper application, your signature will need to be notarized



- If you are married and not providing a survivorship option to your spouse, your spouse will need to sign an acknowledgement and have their signature notarized

## Other resources:

### Retirement checklist

The checklist shows the steps you'll take to retire with DRS.

Get it here:

[drs.wa.gov/life/retire/check/](https://drs.wa.gov/life/retire/check/)

Or, visit DRS and search

"retirement planning checklist."

### DRS seminars

Attend a free nearing retirement seminar. DRS offers online and in-person sessions.

See the full schedule:

[drs.wa.gov/life/retire/seminar](https://drs.wa.gov/life/retire/seminar)

### Benefit estimator

Log into your online account ([drs.wa.gov/oa](https://drs.wa.gov/oa)) and select the benefit estimator tool to get an idea of your retirement income.

Use this tool to plan at any point—while you're working, or after you submit a request to retire.