



# Beneficiary Designation

This form allows members, retirees, survivors, legal-order payees and those separated from service to name or update their benefit recipients.

Send completed form to:  
 Department of Retirement Systems  
 PO Box 48380 • Olympia, WA 98504-8380  
[www.drs.wa.gov](http://www.drs.wa.gov) • 800.547.6657  
 360.664.7000 • TTY: 711

## Important Information

Members can make this change quickly online at [www.drs.wa.gov/oa](http://www.drs.wa.gov/oa). You can then edit your primary *beneficiaries* or copy them to another retirement system or program. Your *contingent beneficiaries* will only appear in your online account if you add them; otherwise, we will keep them on file. If you decide to fill out this paper form, please return it to DRS, not your employer. If you make a mistake, please correct it and initial beside the correction.

## 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"/> Member (active or inactive): I am a DRS member who contributes (active) or has contributed to (inactive) a DRS retirement system and/or participates in DCP.			
<input type="checkbox"/> Retiree: I am a DRS member who contributed to a retirement system and is now collecting a retirement benefit.			
<input type="checkbox"/> Survivor: I am receiving a benefit from a deceased DRS member's or retiree's account.			
<input type="checkbox"/> Legal-Order Payee: I have been awarded a portion of a DRS retirement benefit.			
Are you receiving money from someone else's account?			
<input type="checkbox"/> Yes (Provide Name and Social Security Number Below) <input type="checkbox"/> No			
Account Holder's Name (If Different from Above)		Social Security Number (If Different from Above)	
Retirement System and/or Program			
<input type="checkbox"/> Apply to All My Retirement Plans/Programs		<input type="checkbox"/> Washington State Patrol Retirement System (WSPRS)	
<input type="checkbox"/> Public Employees' Retirement System (PERS)		<input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)	
<input type="checkbox"/> Teachers' Retirement System (TRS)		<input type="checkbox"/> Public Safety Employees' Retirement System (PSERS)	
<input type="checkbox"/> School Employees' Retirement System (SERS)		<input type="checkbox"/> Judicial Retirement System (JRS)	
<input type="checkbox"/> Deferred Compensation Program (DCP)		<input type="checkbox"/> Judicial Retirement Account (JRA)	

Please complete the other side of this form as well.



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.



## Instructions

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.

If you die in the line of duty, your beneficiary(ies) could be entitled to a one-time, duty-related death benefit. The same people you name below on this form will automatically be added as your beneficiary(ies) for this benefit. If you want to name different people or put in different percentages, you can make those changes at [www.drs.wa.gov/oa](http://www.drs.wa.gov/oa).

## 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 ____ % <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
<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

## 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 Child(ren)			
Mailing Address	City	State	ZIP	

## Signature Required – Do not type your name. We can only accept handwritten or digital signatures.

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

Signature (Handwritten or digital with third-party certification authority only. No typed signatures.)	Date (mm/dd/yyyy)
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