Washington State Department of Retirement Systems

Beneficiary Designation

This form allows DRS customers to name or update their benefit recipients.

Read Before Completing Form

If you die before retirement, your beneficiaries may receive a refund of the contributions in your retirement account (Plan 1 or 2) or investment account (DCP and Plan 3). State law determines whether your spouse or minor child is eligible for an ongoing pension benefit.

When you retire, you can choose to provide an ongoing pension benefit to a survivor after your death. This is different from a beneficiary designation, which only applies to your account balance. If you are already retired, changing your beneficiary does not change your survivor option.

Most customers can skip this form and update beneficiary designations quickly online at drs.wa.gov/oaa. Retired members must update beneficiaries using this form.

Access Information

You can complete most of the PDF version of this form using Adobe Acrobat Reader. It has been designed to work with screen readers and other assistive technology. You can also complete it by hand. In either case, you must print and sign the form in ink before submitting it.

If you need help completing this form, require language assistance (including interpretation of the DRS website or printed materials), or have questions, call us or send a message through your online account at drs.wa.gov/oaa. Language assistance is available at no cost.

How to Submit Your Form

Print, sign and submit form pages 2-4. Choose one of the following:

Mail: Department of Retirement Systems
PO Box 48380
Olympia, WA 98504-8380

Online: Scan completed form. Log into drs.wa.gov/oaa, select "Upload Documents" under "My Documents."

Fax: 360-664-7975

Common errors — check the following before submitting:

- **You've signed the form in ink.**
- **The "Percent of Benefit" total is 100%.**
  One beneficiary: 100%.
  Multiple beneficiaries: all percentages, including any on an attached page, add up to 100%.
  Use whole numbers only (no decimals or fractions).

Questions? Contact DRS

Call: 800-547-6657 or 360-664-7000 (TTY 711)

Visit: drs.wa.gov

About Social Security: We use this number to report payments to the IRS, as required by IRC 6041(a) and 6109.

Washington State Department of Retirement Systems

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This form allows DRS customers to name or update their benefit recipients.

Personal Information

1 Name (Last, First, Middle)

2 Social Security Number

3 Birthdate (mm/dd/yyyy)

4 Mailing Address (Include Apartment Number)

5 City

6 State

7 ZIP Code

8 Country if Not US

9 Phone Number

10 Personal Email Address

11 My Status (select all that apply)

- ☐ **Member**: (Active or inactive) I have contributed to a DRS retirement plan.
- ☐ **Retiree**: I contributed to a DRS retirement plan and am collecting my benefit from DRS.
- ☐ **Survivor**: I am receiving a benefit from a deceased DRS member's account.
- ☐ **Legal-Order Payee**: I have been awarded a portion of someone else's benefit.

12 If this money is from someone else's account, add their information here. Otherwise, go to question 13.

Account Holder Name

Account Holder Social Security Number

How to Apply My Designations

To designate different beneficiaries for other options, complete an additional form.

13 **Retirement System:** This designation applies to all your DRS plans unless you specify a plan.

- ☐ Apply to All My DRS Retirement Plans
- ☐ Apply Only to the Following Plan(s):

14 **Duty-Related Death Benefit for Active members:** If you die in the line of duty, your beneficiaries could be entitled to a one-time, duty-related death benefit.

- ☐ Yes, apply these beneficiary elections to my duty-related death benefit.
- ☐ No. (I'm selecting different death benefit beneficiaries, or I'm not currently employed.)

Member Name | SSN

Beneficiary Designations

A beneficiary can be a person, estate or entity. You must name at least one beneficiary. **Do not name yourself.** If you pick more than one beneficiary, **the total percentage for all beneficiaries on this form must add up to 100%**. Use whole numbers (for example, 50% and 50%, or 34%, 33% and 33%). The percentages do not need to be the same for each beneficiary, but they must total 100%.

Have multiple beneficiaries?
Each beneficiary would need to make a separate claim against your account. Consider naming your estate instead of listing each person. Do this by entering "Estate of [Your First and Last Name]" on the name line.

First Beneficiary (Required)

15 Name: (Last, First) or Entity

16 Percent of Benefit (1-100) %

17 Social Security Number

18 Birthdate (mm/dd/yyyy)

19 Mailing Address (Include Apartment Number)

20 City, State, ZIP Code

21 Country if Not US

22 Relationship

Second Beneficiary (Optional)

23 Name: (Last, First) or Entity

24 Percent of Benefit (1-100) %

25 Social Security Number

26 Birthdate (mm/dd/yyyy)

27 Mailing Address (Include Apartment Number)

28 City, State, ZIP Code

29 Country if Not US

30 Relationship

Member Name | SSN

Beneficiary Designations Continued

Third Beneficiary (Optional)

31 Name: (Last, First) or Entity

32 Percent of Benefit (1-100)

%

33 Social Security Number

34 Birthdate (mm/dd/yyyy)

35 Mailing Address (Include Apartment Number)

36 City, State, ZIP Code

37 Country if Not US

38 Relationship

Additional Beneficiaries

If you have additional beneficiaries, include a separate sheet with the same information as the above section, then sign and date it.

What about contingent beneficiaries?

Contingent beneficiaries receive your account balance if all your primary beneficiaries die. Designating them is optional. You can add them in your online account or, if you are retired or prefer paper, include a separate page clearly marked "Contingent Beneficiaries" with this form. The percentages for your contingent beneficiaries must total 100%.

Signature Required

Pay any funds related to my account to my 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. All the information I have entered is true and complete. These changes replace any previous beneficiary choices I've made.

Sign in ink.
Electronic signatures are not accepted.

39 Signature

40 Date Signed (mm/dd/yyyy)

Minor Children

If your beneficiaries include minors, the law requires additional steps to transfer funds. Failure to indicate a custodian for minor beneficiaries before your death may require guardianship proceedings in court or waiting for the child to turn 18 to receive payment.

Custodian Contact Information

41 Custodian Name: (Last, First)

42 Relationship to Minor

43 Mailing Address (Include Apartment Number)

44 City, State, ZIP Code

45 Country if Not US