



## Plan 1 Application for Service Retirement

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

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

### Member Information

Name (Last, First, Middle) Harry Husky		Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security Number 123-45-6789	
Mailing Address 123 Main Street		City Seattle	State WA	ZIP 98119
Date of Birth (mm/dd/yyyy) 05/15/1950	Phone Number xxx-xx-xxxx		Alternate Phone Number	
Email Address hhusky@gmail.com				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married/Registered Domestic Partner <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"/> Yes <input type="checkbox"/> No If yes, you might be required to provide documentation of your divorce decree. By law, you must provide your marital status and notify DRS of any change in marital status that occurs before your retirement.				

### Employment Information

Employer University of Washington		Job Title Payroll Coordinator		
Date Separated from Employment (mm/dd/yyyy) 06/30/2016		Effective Date of Retirement (mm/01/yyyy) 07/ 01 2016		
Are you a member or retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, which one? <input type="checkbox"/> Seattle <input type="checkbox"/> Spokane <input type="checkbox"/> Tacoma	If retired, date of retirement (mm/dd/yyyy)		
Have you ever or are you currently contributing to a higher education retirement plan (HERP) in Washington state? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, employer name	If yes, dates (mm/dd/yyyy) From: _____ To: _____		

### Optional Cost-of-Living Adjustment

I choose the Optional COLA.       I don't choose the Optional COLA.



Name (Last, First, Middle) Harry Husky	Social Security Number 123-45-6789
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You must choose either Single Life Option OR Survivor Option.

**Benefit Options** (choose only one)

<input type="checkbox"/> Single Life Option (Option 1)	<input checked="" type="checkbox"/> One-Time Lump Sum Payout Option (If you choose this option, you must complete the enclosed <i>Member or Alternate Payee Options for Your Lump Sum Benefit</i> form and the Beneficiary Designation area below.)
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**Beneficiary Designation**

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%). 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

**If you selected the Single Life Option, STOP. Do NOT complete the Survivor Option area of the application. Continue to page 8.**

**Survivor Option** (choose only one)

Option 2 — 100% Survivor     Option 3 — 50% Survivor     Option 4 — 66.67% Survivor

**Survivor Designation**

Name of Survivor (Last, First, Middle) Husky, Mary	Date of Birth 07/01/1950	Mailing Address 123 Main Street			
Social Security Number 987-65-4321	Relationship spouse	City Seattle	State WA	ZIP 98119	

**Survivor Proof of Age**

Please check mark one of the proof-of-age documents in this box, and submit a copy of it with your application.

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

# EXAMPLE

Name (Last, First, Middle) Harry Husky	Social Security Number 123-45-6789
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## Your Monthly Benefit Statement

When the first payment is deposited, you will receive a remittance statement at the address you provided in the Personal Information section. For future statements, check only one:

- Send a statement when a change is made to my account and at the end of the year.
- Send a statement at the end of the year.

## Financial Institution (you fill this in)

Name of Financial Institution Wells Fargo		Transit/Routing Number (See Example Check Below) XXXXXXXXXX	
Financial Institution Phone Number xxx-xx-xxxx	Account Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number (See Example Check Below) 0000000000000000	
Financial Institution Branch Mailing Address University Branch		City Seattle	State WA
		ZIP 98119	

## IRS Tax Withholding (choose Option 1 or 2)

<input type="checkbox"/> Option 1	Don't withhold federal income tax from my pension or annuity. This option does not relieve me of any tax liability.
<input checked="" type="checkbox"/> Option 2	Do withhold federal income tax from my pension or annuity based on my marital status and allowances. Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Married, but withhold at a single rate Number of Allowances: <u>2</u> (A number is required, even if it is zero.) Additional Withholding: In addition to the amount based on the allowances specified above, I elect to have \$ _____ withheld from each benefit payment.

## Authorization for Direct Deposit

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 provide information to DRS regarding address changes and account information to ensure proper and timely processing of deposit transactions
- The designated financial institution refund to DRS any overpayments to my account made subsequent to my death or payments made in error

## How do I find my transit/routing number and account number?

- Look at one of your checks. The transit/routing number is on the bottom left. The next set of numbers is your account number. You can also attach a voided check with your application, if you'd like.
- If you don't have checks, contact your financial institution and ask for help locating the numbers.

Bobby M. Smith (123) 456-7890 12345 Main Street Anywhere, State 98501	98-442/3251	1234
Pay to the Order of _____	\$ _____	20 _____
Your Financial Institution Your City, USA		
For _____	123456789	000054321987654
Transit/Routing Number	Account Number	



# EXAMPLE

Washington State Department of Retirement Systems

Name (Last, First, Middle) Harry Husky	Social Security Number 123-45-6789
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### Member Signature (notarization required)

I am applying for retirement with the selections on this form. I attest that all statements, including the selection of Benefit Option 2 (Option 1, 2, 3 or 4) on page 6, on this application are true and correct.

Member Signature		Date
State of	County of	Seal or Stamp
Date Signed or Attested Before Me		
Notary Signature		
Notary Name	Notary Title	Date My Appointment Expires

### Spousal/Registered Domestic Partner Declaration of Consent (notarization required)

If you are married or in a registered domestic partnership, the following section must be completed and signed regardless of the retirement option you selected. If you are married or in a registered domestic partnership and don't complete this section, DRS will automatically use Option 3 when calculating your benefit.

I, Mary Husky, as the spouse or registered domestic partner of the applicant, declare that I am aware of the retirement option chosen and its effect on me. I consent to the option my spouse or registered domestic partner chose on page 6.

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

**Notarization is required to process your application.**

The Department of Retirement Systems (DRS) requires 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 to by law.
- Internal Revenue Code sections 6041(a) and 6109 allow DRS to request your Social Security number.