



REQUEST FOR REFUND OF RETIREMENT CONTRIBUTIONS

Post Office Box 48380 Olympia, WA 98504-8380
Toll Free: 800.547.6657 • Local: 360.664.7000 • TDD: 711

Please select: PERS SERS TRS LEOFF WSPRS PSERS

SECTION A: Member Information – Please type or print with ink when completing this form

Name (Last, First, Middle)		Social Security Number	
Mailing Address			
City	State	ZIP	Daytime Phone Number
Employer Name		Date Employment Terminated	

SECTION B: Withdrawal Options – Select one

Check the applicable box: See "A Guide to Withholding on Withdrawals" on page 3 of the attached booklet. You may wish to consult with the IRS before making your selection.

- 1. Cash Withdrawal – I elect to withdraw and receive my accumulated contributions and interest. I understand there is a mandatory 20 percent withholding tax on all tax-deferred contributions and on all interest accumulated in the account.
- 2. Direct Rollover – 100 percent of Eligible Funds – I elect to transfer all of the accumulated tax-deferred contributions, interest and the after-tax contributions, if any, to the eligible retirement plan or IRA designated below.
- 3. Direct Rollover – Designated Portion of Eligible Funds – I elect to transfer \$_____ of the tax-deferred contributions and interest and/or \$_____ of the after-tax contributions to the eligible retirement plan or IRA designated below. Send the balance of tax-deferred funds, minus the 20 percent withholding tax, and any after-tax portion of my account directly to me.

SECTION C: Agreement to Accept Transfer/Rollover – Complete only if you selected option 2 or 3 in section B

If you elected to transfer or roll over any of your eligible funds, the accepting agent must complete and sign this section. DRS accounts are 401(a) accounts. The institution named below agrees to accept transfer of the tax-deferred and after-tax funds described in Section B on a trustee-to-trustee basis. It is the client's intention that this transfer shall not constitute actual or constructive receipt for income tax purposes.

Please check type(s) accepted: All Funds Tax-Deferred Funds Only
Please check the type of account: Traditional IRA Roth IRA Eligible Retirement Plan

Institution Name	Accepting Agent's Name (Please Print)	Phone Number	
Mailing Address			
City	State	ZIP	Account Number
Agent Signature			Date

Detach here and mail to DRS at PO Box 48380, Olympia WA 98504-8380



SECTION D: Waiver of 30 Day Notice Period

The Internal Revenue Service requires that you be given 30 days to review the options described in this publication. You may waive this right by checking the box below. **If you do not waive the 30-day review, DRS must delay processing your payment for an additional 30 days from the date this form was notarized.**

I waive my right to 30 days for reviewing the withdrawal options.

SECTION E: Signature & Withdrawal Acknowledgements – To be completed by the applicant and witnessed by a Notary Public

I have read this document and understand that by electing to withdraw or transfer my employee contributions plus interest. I cancel all rights to any future defined retirement benefits, including any survivor options (for an estimate of possible benefit, please contact DRS or visit us at www.drs.wa.gov).

I am not on a leave of absence. I have terminated all employment with any employer participating under the retirement systems associated with this refund request, and have no arrangements for employment with any system employer which would disqualify me for withdrawal.

I understand that this document constitutes legal notification of my rights for recovery of service credit should I return to DRS-covered employment.

Your signature on this document creates an irrevocable agreement between you and the Department of Retirement Systems. **We cannot process your request without a Notary Public signature and seal.**

Signature of Applicant	Date
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State of _____ County of _____

Signed or attested before me on _____, _____, _____
Day Month Year

Name of Notary Public and Title

Notary Public Signature

My Appointment Expires

Seal
or
Stamp

RETURN COMPLETED AND SIGNED FORM TO:
Department of Retirement Systems PO Box 48380, Olympia WA 98504-8380

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

