

Higher Education Employers Plan 3 Investment Program

Return completed form to your employer

This election form is for employees of higher education institutions who:

- become eligible for the higher education retirement plan on or after July 1, 2011, and
- have elected to participate in the Washington State Teachers' Retirement System (TRS) Plan 3 (with faculty status), or
- the Washington State Public Employees' Retirement System (PERS) Plan 3 (without faculty status).

As a Plan 3 member you **also** need to select a contribution rate and investment program. If you do not select a contribution rate or investment program you will be defaulted to contribution rate Option A (5 percent), and the Retirement Strategy Fund that assumes you'll retire at age 65.

Both PERS Plan 3 and TRS Plan 3 members may change their investment program at any time.

Personal Information – to be completed by member							
Choose one: PERS TRS							
Name (Last, First, Middle)			Maiden Name		Social Security Number		
Mailing Address							
City		State	ZIP Phone Number				
Select a Contribution Rate			Select an Investment Program				
All Plan 3 members are eligible to change their contribution rate if they change employers. Total Member Age Contribution Rat			Choose an investment program. If you do not choose an investment program, you will be defaulted into the Self- Directed Investment Program and all of your contributions will be invested in the Retirement Strategy Fund that				
Option A	All ages	5.0%	 assumes you'll retire at age 65. Washington State Investment Board (WSIB) Investment Program Self-Directed Investment Program You must choose how your contributions will be invested. You may do so online at www.drs.wa.gov. org/plan3, or by phone at 888-327-5596. If you do not choose your investment allocations, your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65. You can obtain information about both investment programs by contacting Empower Retirement at 888-327-5596 				
Option B	Up to age 35 Age 35 to 44 Age 45 and above	5.0% 6.0% 7.5%					
Option C	Up to age 35 Age 35 to 44 Age 45 and above	6.0% 7.5% 8.5%					
Option D	All ages	7.0%					
Option E	All ages	10.0%					
Option F	All ages	15.0%					
Member signature (required)		Employee ID Nu	Employee ID Number (assigned by employer) Date		Date		



RETURN COMPLETED FORM TO YOUR EMPLOYER

Print or Type employer name and mailing address below:	Froun
Departmer PO BOX 48	iginal form to DRS. t of Retirement Systems 380 /A 98504-8380 57

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.