



TEACHERS' RETIREMENT SYSTEM (TRS)

**PLAN 3 CONTRIBUTION RATE CHANGE FORM
JANUARY RATE CHANGE WINDOW**

Return completed form to your employer.

Personal Data – To Be Completed by Member

Name (Last, First, Middle)	Social Security Number
Maiden Name	

Selection of Contribution Rate – To Be Completed by Member

Place a check mark in the box next to the contribution rate option you choose. This rate change option is only available to members of the Teachers' Retirement System Plan 3, during the period of January 1-31. Contribution Rate Change forms submitted at any other time or for other retirement systems cannot be accepted. The contribution rate option you select should be considered binding and can only be changed when you change employers or during rate change windows as permitted by the Internal Revenue Service. **Return the completed form to your employer.**

		Base Rate	Additional Rate	Total Member Contribution Rate
<input type="checkbox"/> Option A	All ages	5.0%	0.0%	5.0%
<input type="checkbox"/> Option B	Up to Age 35	5.0%	0.0%	5.0%
	Age 35 to 44	5.0%	1.0%	6.0%
	Age 45 and above	5.0%	2.5%	7.5%
<input type="checkbox"/> Option C	Up to age 35	5.0%	1.0%	6.0%
	Age 35 to 44	5.0%	2.5%	7.5%
	Age 45 and above	5.0%	3.5%	8.5%
<input type="checkbox"/> Option D	All ages	5.0%	2.0%	7.0%
<input type="checkbox"/> Option E	All ages	5.0%	5.0%	10.0%
<input type="checkbox"/> Option F	All ages	5.0%	10.0%	15.0%

Authorized Signature

Member Signature (required)	Date
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To Be Completed by Employer

Print or type employer name and mailing address below:	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
Reporting Group							

Employers –
Mail the original of this document to:
 Department of Retirement Systems
 PO Box 48380
 Olympia WA 98504-8380
 Toll Free: 1-800-547-6657
 Local: 360-664-7000

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.

