

# Plan 3 Investment Allocation Form

- This form affects future contribution allocations only. Please use Plan 3 Fund Transfer Request Form to transfer existing balances.
- Print legibly in blue or black ink.
- Note: Plan 3 investment allocations can also be established or changed by calling 1-888-711-8773 or visiting the Web site at [www.icmarc.org/plan3](http://www.icmarc.org/plan3)

Return to:



**ICMA RETIREMENT CORPORATION**

P.O. Box 96220  
Washington, DC 20090-6220  
Toll Free: 1-888-711-8773  
Fax: 202-962-4601

|  |   |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
|--|---|-------------------|--------|----------------------------|--------|------------------------------------|--------|-----------------------------|--------|------------------------------|--------|-----------------------------|--------|--------------------------------|--------|---------------|--------|-------------|--------|--------------|--------|
| <b>1</b><br>Plan Information<br><small>This Information must be completed</small>  | <p>Please select one:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> Plan Name: SERS<br/>Plan Number: 107384</div> <div style="text-align: center;"><input type="checkbox"/> Plan Name: TRS<br/>Plan Number: 109513</div> <div style="text-align: center;"><input type="checkbox"/> Plan Name: PERS<br/>Plan Number: 107182</div> </div>   |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| <b>2</b><br>Member Information<br><small>This Information must be completed</small>  | <p>Social Security Number _____ Daytime Phone Number _____<br/> <small>(_____) _____ - _____</small><br/> <small>Area Code</small></p> <p>Full Name _____<br/> <small>Last First M.I.</small></p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p>  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| <b>3</b><br>Investment Allocation Changes  | <p style="text-align: center;"><b>Complete this form to establish how your future contributions are invested.</b></p> <p style="text-align: center;">Use whole percentages only</p> <table style="width: 100%; border: none;"> <tr><td style="width: 80%;">Money Market Fund</td><td style="text-align: right;">_____%</td></tr> <tr><td>Washington State Bond Fund</td><td style="text-align: right;">_____%</td></tr> <tr><td>Socially Responsible Balanced Fund</td><td style="text-align: right;">_____%</td></tr> <tr><td>U.S. Large Stock Index Fund</td><td style="text-align: right;">_____%</td></tr> <tr><td>U.S. Stock Market Index Fund</td><td style="text-align: right;">_____%</td></tr> <tr><td>U.S. Small Stock Index Fund</td><td style="text-align: right;">_____%</td></tr> <tr><td>International Stock Index Fund</td><td style="text-align: right;">_____%</td></tr> <tr><td>Short-Horizon</td><td style="text-align: right;">_____%</td></tr> <tr><td>Mid-Horizon</td><td style="text-align: right;">_____%</td></tr> <tr><td>Long-Horizon</td><td style="text-align: right;">_____%</td></tr> </table> <p style="text-align: center;">Total must equal 100%*</p> <p><small>*If the total of the investment allocation is less than 100%, the difference will be invested in the Money Market Fund. If the total of the investment allocation is greater than 100%, the entire allocation will be invested in the Money Market Fund.</small></p> | Money Market Fund | _____% | Washington State Bond Fund | _____% | Socially Responsible Balanced Fund | _____% | U.S. Large Stock Index Fund | _____% | U.S. Stock Market Index Fund | _____% | U.S. Small Stock Index Fund | _____% | International Stock Index Fund | _____% | Short-Horizon | _____% | Mid-Horizon | _____% | Long-Horizon | _____% |
| Money Market Fund  | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| Washington State Bond Fund   | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| Socially Responsible Balanced Fund   | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| U.S. Large Stock Index Fund  | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| U.S. Stock Market Index Fund   | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| U.S. Small Stock Index Fund  | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| International Stock Index Fund   | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| Short-Horizon  | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| Mid-Horizon  | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| Long-Horizon   | _____%  |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| <b>4</b><br>Authorized Signature   | <p>Sign, date and return this form to: ICMA Retirement Corporation, P.O. Box 96220, Washington, DC 20090-6220. Allocation change will occur as soon as possible after receipt of this completed form and the required processing time. A confirmation will be mailed to you when the transaction has been completed.</p> <p>_____</p> <p>Member Signature <span style="float: right;">Date</span></p>   |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |
| <p>This form requests that you provide your Social Security Number, 5 U.S.C. Section 552(A) requires that the Department make the following disclosure when requesting that information:</p> <ul style="list-style-type: none"> <li>• 26 U.S.C. Sections 6047(D), 6041(A), and 6109(A)(3) authorize DRS to solicit your Social Security Number.</li> <li>• DRS uses your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.</li> <li>• Routinely, DRS uses the Social Security Number as the identifying number for the member file.</li> <li>• If you do not provide your Social Security Number, DRS cannot guarantee that the information you are providing on this form will be properly matched with your member records. This is a particular risk if your name is a fairly common one. Failure to provide your Social Security Number may also result in misreporting to the Internal Revenue Service of any disbursements you receive, which may result in adverse tax consequences for you.</li> <li>• Because DRS uses your Social Security Number in order to report disbursements to the IRS as required under federal law, the disclosure of your Social Security Number is mandatory.</li> </ul> |   |                   |        |                            |        |                                    |        |                             |        |                              |        |                             |        |                                |        |               |        |             |        |              |        |