



DEFERRAL CHANGE REQUEST

DEFERRED COMPENSATION PROGRAM

PO Box 40931 Olympia, WA 98504-0931 • www.drs.wa.gov/dcp
Toll Free: 888.327.5596 • TTY: 800.766.4952 • Fax:360.5865474



PARTICIPANT INFORMATION

Social Security Number	Participant Name (Last, First, Middle)		
Mailing Address	City	State	ZIP
Phone Number	Alternate Phone Number	Email Address	

INSTRUCTIONS

Complete this form to change the amount of your monthly deferral. If your employer requires your signature to deduct the deferral from your pay, submit a copy of this form to your payroll (not required for state agency employees). If your employer is providing an employer match, this amount should be included in your requested deferral change amount.

Mail this completed form to the address listed above. You may also make deferral changes by calling the DCP Information Line at 888.327.5596, or by logging into your retirement account at www.drs.wa.gov.

DEFERRAL INFORMATION

- Under Age 50:** You may defer up to \$17,500 annually (\$1,458 monthly) from your pay in 2013. The monthly minimum is \$30.
- Age 50 and Over:** You may defer \$23,000 annually (\$1,916 monthly) from your pay in 2013. Please contact DCP if you want to defer more than \$1,916 monthly.
- Deferrals will begin on the earliest date possible depending upon the processing time required by your employer's payroll department and the provisions set forth in Section 457 of the Internal Revenue Code.
- To discontinue your deferrals into DCP, place a Ø in the Deferral Authorization section of this form.

DEFERRAL AUTHORIZATION

I authorize my employer to defer monthly \$ _____.
(whole dollars)

This authorization replaces my current deferral election.

Participant Signature	Date
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