



ROLLOVER IN REQUEST

DEFERRED COMPENSATION PROGRAM

PO Box 40931 Olympia, WA 98504-0931 • www.drs.wa.gov/dcp
Toll Free: 1-888-327-5596 • TTY: 1-800-766-4952 • Fax: 360-586-5474

IMPORTANT INFORMATION

- Your financial institution may require you to complete a form to initiate a rollover or transfer of funds. Please contact your financial institution for more information.
- Once DCP has received your completed *Rollover In Request* form, a letter will be sent to your financial institution, along with a copy of this form asking for a release of funds. After the funds have been transferred to DCP, you will receive a confirmation showing the amount of the rollover in.
- Keep a copy of this form for your records.
- Funds received into the program will be invested according to your current investment allocation.

PARTICIPANT

Please complete using your legal name and home mailing address.

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

TYPE OF PLAN

Please mark the box that describes the plan that is the source of your pre-tax rollover funds.

<input type="checkbox"/> 457 Governmental Plan (Current Employer)	<input type="checkbox"/> 401(a) or (k)
<input type="checkbox"/> 457 Governmental Plan (Previous Employer)	<input type="checkbox"/> 403(b) (check with your 403(b) plan to ensure you meet the requirements to rollover your 403(b) funds.)
<input type="checkbox"/> Individual Retirement Account (IRA)	

FROM PLAN

Complete this section with the name, address and contact information of the plan that is the source of your pre-tax rollover funds. Fill in the amount which you are rolling in as a percent or dollar amount. For example, if you are rolling all your monies into DCP write 100%.

Name	Account Number
Mailing Address	City State ZIP
Contact Name	Contact Phone ()
Amount as % or \$	

PAYMENT

This section is pre-filled for your convenience.

Make check payable to: Department of Retirement Systems	Mail payment to: Deferred Compensation Program PO Box 9018 Olympia WA 98507-9018
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SIGNATURE

By signing and dating this form, you are confirming these funds are eligible to rollover.

Participant Signature X	Date
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