Department of Retirement Systems Voluntary Deduction Authorization for:

Washington State Department of Transportation Memorial Foundation

Retiree's Name: _____ Social Security Number: _____

Address: _____

City: _____State:_____ Zip Code: _____

Retiree's Phone Number: _____

Retiree's Home E-Mail Address: _____

Check the Retirement System/Plan Code (Check One):

☐ P1 = PERS 1 ☐ T1 = TRS 1 ☐ E2 = SERS 2 ☐ L1 = LEOFF 1 ☐ N2 = PSERS 2 ☐ S1 = WSP 1 ☐ U1 = JUDICIAL

☐ P2 = PERS 2 ☐ T2 = TRS 2 ☐ E3 = SERS 3 ☐ L2 = LEOFF 2 ☐ T2 = TRS 2 ☐ S2 = WSP 2 ☐ J1 = JUDGES

☐ P3 = PERS 3 ☐ T3 = TRS 3

MONTHLY DEDUCTION AMOUNT: $10.00 Other: $_____

At my own risk, I authorize DRS to regularly deduct a sufficient amount from my retirement allowance to pay the amount required for my organization dues at my request, under this program. I hold DRS harmless for any problems on charges that occur between the organization and myself.

Deductions will continue until the deduction plan is canceled through the organization office.

I understand that DRS cannot answer questions about my organization.

Retiree's Signature: _____ Date: _____

Note: If you have any questions about your voluntary deduction, please direct them to WSDOTMF at the address below, or call the Memorial Foundation at 360-561-5720. Staff of the Department of Retirement Systems cannot answer any questions about your voluntary deduction and will refer you to the WSDOT Memorial Foundation.

LIMITED TIME OFFER. GOOD WHILE SUPPLIES LAST. CHOOSE ONE ITEM.

SIZE (circle one): **S M L XL XXL XXXL ISSUED or TO BE MAILED** (circle one)

Hoody: Camo / GRN / ORG **Full Zip:** Black/Camo **T Shirt:** Learn The Signs **1/4 Zip:** Green/Camo

Fleece Vest: Male/ Female (circle one) **Polo:** Slick Green with Embroidery

Puffy Vest: Male/ Female (circle one) **No-Iron Gray Shirt:** Male/ Female (circle one)

Cap: ORG / GRN/ BLK / Real Tree Camo / Gray&Lime Green (circle one)

Blanket: WHT / BLK / GRY / BUF (circle one) **Misc:** MF pin / Ribbon pin / Book (circle one)

SIGN & MAIL COMPLETED FORM TO: **WSDOTMF**
120 State Avenue NE #303
OLYMPIA WA 98501

WSDOTMF Use Only **WSDOTMF form 021 REV 8/20/2015 (DRS) rev June 2025**

Deduction Starts: _____ Vendor ID: _____ Amount: _____