## Department of Retirement Systems Voluntary Deduction Authorization for: Washington State Department of Transportation Memorial Foundation

Retiree's Name:	Soci	ial Security Number:	_
Address:			
City:	_State:	Zip Code:	-
Retiree's Phone Number:			
Retiree's Home E-Mail Address:			
Check the Retirement System/Plan Code (Chec	k One):		
P1 = PERS 1	L1 = LEOFF 1 [	N2 = PSERS 2 S1 = WSP 1 U1 = JUDICIAL	
P2 = PERS 2 T2 = TRS 2 E3 = SERS 3			
P3 = PERS 3 T3 = TRS 3			
MONTHLY DEDUCTION AMOUNT: \$10.00	Oth	ner: \$	
At my own risk, I authorize DRS to regularly deduct a suffici request, under this program. I hold DRS harmless for any p	•	etirement allowance to pay the amount required for my organ at occur between the organization and myself.	nization dues at my
Deductions will continue until the deduction plan is cancele	d through the organizat	tion office.	
I understand that DRS cannot answer questions about my o	rganization.		
Retiree's Signature:		Date:	
	the Department o	please direct them to WSDOTMF at the address be of Retirement Systems cannot answer any questio undation.	
LIMITED TIME OFFER. GOOD WHILE SUPPL	IES LAST. CHOO	SE ONE ITEM.	
SIZE (circle one): S M L XL XXL XX	XL ISSUED oi	r TO BE MAILED (circle one)	
Hoody: Camo / GRN / ORG Full Zip: Black/	Camo <b>T Shirt:</b> Le	earn The Signs <b>1/4 Zip:</b> Green/Camo	
Fleece Vest: Male/ Female (circle one)	<b>Polo:</b> Slick G	Green with Embroidery	
Puffy Vest: Male/ Female (circle one)	No-Iron Gra	ay Shirt: Male/ Female (circle one)	
Cap: ORG / GRN/ BLK / Real Tree Camo / G	ray&Lime Green	(circle one)	
Blanket: WHT / BLK / GRY / BUF (circle one)	Mis	sc: MF pin / Ribbon pin / Book (circle one)	
SIGN & MAIL COMPLETED FORM TO:	WSDOTMF		
	120 State Aven	nue NE #303	
	OLYMPIA WA 9	98501	
WSDOTMF Use Only	WSD	OTMF form 021 REV 8/20/2015 (DRS) rev June 2025	
Deduction Starter Vandor	10.	Amount	