

RSA-1 Deferred Compensation Plan Enrollment

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN _____

Name			
First	Middle/Maiden	Last	
Address			
Street or P.O. Box	City	State	ZIP Code
Telephone Number		Email Address	
Date of Birth	Sex	% Male	% Female

Employer Information

form (return to RSA-1).

I will complete an AUTHORIZATION DEFERRED COMPENSATION form and deliver it to my payroll office to begin deferrals at least two weeks to process the RSA ENROLLMENT, BENEFICIARY SIGNATURE and INVESTMENT OPTION ELECTION FORMS.

I understand that I may not withdraw this account unless I meet one of the following conditions:

1. Separation from service through retirement or termination from employment
2. The attainment of age 72
3. Unforeseeable emergency (must be approved by Plan Administrator)
4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here

RSA-1 and PEIRAF Beneficiary Designation

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Your SSN _____

Type of Account: PEIRAF RSA-1

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by RSA.

Name (First, Middle/Maiden, Last), Address (Street or P.O. Box, City, State, ZIP Code), Telephone Number, Email Address, Date of Birth, Sex (Male, Female)

Designation of Primary Beneficiary(ies)

I hereby designate the following person(s) as beneficiary(ies) to receive any benefit that may become due at or after death according to the terms of the Plan.

Multiple beneficiary entry forms including Name, Relationship, Date of Birth, Address, Social Security Number, Sex (Male, Female)

Signature Certification

Your Signature _____ Date _____

Sign Here State of _____, County of _____

Please have your signature acknowledged before a Notary Public. On this _____ day of _____, 20____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public

RSA-1 and PEIRAF Beneficiary Designation



If completing this side of the form, do not forget to sign at the bottom.

Name _____ SSN _____

Designation of Contingent Beneficiary(ies)

In the event the primary beneficiary(ies) designated above dies, I hereby designate the following person(s) as CONTINGENT BENEFICIA(R) to receive any benefit that may become due at or after my death according to the terms of the plan.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex %Male %Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex %Male %Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex %Male %Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex %Male %Female

Sign Here Your Signature _____ Date _____

*Page two must be signed if any contingent beneficiary information is submitted on this side of the form.



Your SSN _____

Check all that apply RSA-1 DROP PLOP ERIP

Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

RSA-1 Accounts Only

I elect the following investment option for future deferrals. You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%

Invest _____ % of new deferrals in the RSA ~~BOND~~ **BOND** investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, U.S. government obligations, and commercial paper.

Invest _____ % of new deferrals in the RSA ~~STOCK~~ **STOCK** investment option. The stock portfolio is invested in a S&P 500 Index Fund.

Invest _____ % of new deferrals in the RSA ~~SHORT-TERM~~ **SHORT-TERM** investment option. The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. government agency securities with a maturity of one year or less.

DROP/PLOP/ERIP Rollover Accounts Only

I elect the following investment option for:
 Check one DROP PLOP ERIP

You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _____ % of funds in the RSA ~~BOND~~ **BOND** investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, mortgage-backed securities, and commercial paper.

Invest _____ % of funds in the RSA ~~STOCK~~ **STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _____ % of funds in the RSA ~~SHORT-TERM~~ **SHORT-TERM** investment option. The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. government agency securities with a maturity of one year or less.

Signature Certification

I understand the following regarding this investment option election:

My election must be made prior to the funds being submitted or transferred. My election can be changed ~~90 days~~ **90 days** once every 90 days. My election will remain in effect until a subsequent election is made, but it must remain in effect for ~~90 days~~ **90 days**.

Sign Here Your Signature _____ Date _____

RSA-1 Authorization to Defer Compensation

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Your SSN _____

Use this form to begin, restart, increase/decrease, or stop deferral amounts.

Your Information

Complete and submit to your Payroll Officer to begin deferrals.

Deferral Information

Specify one of the following:

- New Enrollment
- Restart
- Sick/Annual Leave
- Increase Deferrals
- Decrease Deferrals
- Stop Deferrals

If enrolling in RSA-1, please make certain that the RSA-1 ACTIVE BENEFICIARY DESIGNATION and INVESTMENT OPTION ELECTION forms have been submitted to the RSA-1 Deferred Compensation Office. Submitting this form to your Payroll Officer. Note the following exceptions: stopping deferrals due to financial hardship. Your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Request.

1. Please defer \$ _____ per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. Stopping deferrals, enter zero (0) for the dollar amount.

2. Effective date* _____ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.

3. If you are deferring payments for Sick or Annual Leave (you must be enrolled), please indicate the amounts below:

Please defer \$ _____ of my payment for unused Sick Leave to RSA-1.

Please defer \$ _____ of my payment for unused Annual Leave to RSA-1.

Signature of Employee

Your Signature _____ Date _____

Sign Here