



## **RSA-1 Deferred Compensation Plan**

P.O. Box 302150  
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

### **Enrollment Forms**

- RSA-1 Enrollment (Submit to RSA-1)
- Beneficiary Designation (Submit to RSA-1) – Can also be used for change of beneficiary.
- Investment Option Election For New Accounts (Submit to RSA-1)
- Authorization to Defer Compensation (Submit to your payroll office)



# 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 \_\_\_\_\_

## Your Information

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

Employer \_\_\_\_\_  
Agency Name

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

My current status is:

Employees' Retirement System (ERS) member  Judicial Retirement Fund (JRF) member  
 Teachers' Retirement System (TRS) member  I am not a member of ERS, TRS, or JRF

## Signature Certification

**Please read carefully as the following statements will apply to your RSA-1 account:**

I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).

I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).

I will complete an AUTHORIZATION TO DEFER COMPENSATION form and deliver it to **my payroll officer** to begin deferrals. **It takes at least two weeks** to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, 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 and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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 my **PRIMARY BENEFICIARY(IES)** 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

Check if contingent beneficiary information is continued on the back of this form.

### Signature Certification

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Sign Here

State of \_\_\_\_\_, County of \_\_\_\_\_

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 \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*Please have your signature acknowledged before a 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 does **not** survive me, I hereby designate the following person(s) as my **CONTINGENT BENEFICIARY(IES)** 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.*



# RSA-1 Investment Option Election for New Accounts

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## 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-1 **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 obligations, and commercial paper.

Invest \_\_\_\_\_ % of **new deferrals** in the RSA-1 **STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest \_\_\_\_\_ % of **new deferrals** in the RSA-1 **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 notes 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-1 **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 obligations, and commercial paper.

Invest \_\_\_\_\_ % of **funds** in the RSA-1 **STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest \_\_\_\_\_ % of **funds** in the RSA-1 **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 notes 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 made 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**.

**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.**

**Do not submit this form to RSA-1 or the Retirement Systems of Alabama.**

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

### 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 your RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION forms have been submitted to the RSA-1 Deferred Compensation Plan **before** submitting this form to your Payroll Officer. **Note the following exception:** If 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 Distribution Request.

1. **Please defer** \$ \_\_\_\_\_ **per pay period** from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. **If 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** (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

**Sign Here**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payroll Officer Information

*Only if submitting a Financial Hardship Distribution Request or a Distribution Request.*

Payroll Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_  
Please Print

Payroll Officer Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Date Deferrals Stopped \_\_\_\_\_

**\*Please submit all required enrollment forms to RSA-1. Contributions received by RSA-1 without executed enrollment forms will be refunded.**