RSA-1EN IOE
DROP
09/08

INVESTMENT OPTION ELECTION
RSA-1 DEFERRED COMPENSATION PLAN
DROP ROLLOVER

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Please type or print using black ink. All changes to this form must be initialed.

Name _____
First Middle/Maiden Last

Address: _____
Street or P. O. Box

_____
City State Zip Code

Social Security No. ___-___-___ **Daytime Phone No.** (_____)_____ **Date of Birth** _____/_____/_____
Month Day Year

I understand the following regarding this investment option election:

- My election must be made prior to the rollover of my DROP funds.
- This election pertains **only** to the initial rollover of my DROP funds to RSA-1 Deferred Compensation. Regular RSA-1 accounts (non-DROP rollover accounts) require a separate form.
- My election can be made *every 365 days*.
- My election will *remain in effect until a subsequent election is made, but it must remain in effect for one calendar year*.

I elect the following to be effective for the current calendar year, regarding **DROP funds**:

Invest _____**%** of DROP funds in the RSA-1 DROP **fixed** investment option **with the remaining percentage** invested in the RSA-1 DROP **stock** investment option. If you wish to invest **all** of your DROP funds in the fixed investment option, enter 100%.

Invest _____**%** of DROP funds in the RSA-1 DROP **stock** investment option **with the remaining percentage** invested in the RSA-1 DROP **fixed** investment option. If you wish to invest **all** of your DROP funds in the stock investment option, enter 100%.

Signature of Employee in the presence of a Notary _____Date _____

STATE OF _____ , COUNTY OF _____

Before me appeared _____, known to me to be the person who subscribed to the foregoing instrument on this _____ day of _____, 20 _____.

Signature of Notary Public _____

Seal

My Commission Expires _____