RSA-1 IOE
457 TRNS
09/08

INVESTMENT OPTION ELECTION
RSA-1 DEFERRED COMPENSATION PLAN
TRUSTEE-TO TRUSTEE TRANSFERS

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

Social Security No. ___-___-___ **Date of Birth** ___/___/___
Month Day Year

If Member is Deceased, Provide Beneficiary Name _____
First Middle/Maiden Last

Beneficiary Social Security No. ___-___-___ **Beneficiary Date of Birth** ___/___/___
Month Day Year

Address: _____
Street or P. O. Box

_____
City State Zip Code

Email Address _____ **Daytime Phone No.** (_____) _____

I understand the following regarding this investment option election for my transfer account:

- My Investment Option Election form **MUST BE POSTMARKED OR DELIVERED to RSA-1 at least 30 days prior** to the effective date of the election. **Elections are effective on the first day of each month**. For example, if my election is to be effective March 1, my election must be made by February 1.
- My election can be made only once every **365 days** after the **effective date of my last election**.
- My election will remain in effect until a subsequent eligible election is made, but it must remain in effect for 365 days.
- My election can apply to the entire balance, a percentage of the balance, or a designated dollar amount of the balance in my transfer account.
- **If I do not make an election, there will be NO change in the manner in which my transfer account balance is invested. My transfer account balance will be invested as it is currently.**

I elect the following to be effective regarding my Transfer Account (check only one):

☐ Transfer _____ **%** of the previous month-end balance in my RSA-1 Transfer **fixed** investment option to the RSA-1 Transfer **stock** investment option.

☐ Transfer **$** _____ from my RSA-1 Transfer **fixed** investment option to the RSA-1 Transfer **stock** investment option.

☐ Transfer _____ **%** of the previous month-end balance in my RSA-1 Transfer **stock** investment option to the RSA-1 Transfer **fixed** investment option.

☐ Transfer **$** _____ from my RSA-1 Transfer **stock** investment option to the RSA-1 Transfer **fixed** investment option.

Signature of Member/Beneficiary in the presence of Notary _____ **Date** _____

STATE OF _____, COUNTY OF _____

On this ____ day of _____, 20____ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Signature of Notary Public _____

Seal

My Commission Expires _____