RSA RFAI
06/17

REQUEST TO FAX ACCOUNT INFORMATION

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334.517.7000 or 877.517.0020
www.rsa-al.gov

Direct to the Attention of: _____
(Member Services or a Specific Agent Name)

RSA Fax Numbers: 877.517.0021 or 334.517.7001

PART I MEMBER INFORMATION

Applicable Accounts: ☐ ERS ☐ TRS ☐ JRF ☐ RSA-1

Printed Name: _____
First Middle Last

Last 4 digits of Social Security No. _____ **or Retirement/Insurance Acct # (PID):** _____

Contact Phone Number: _____

PART II INFORMATION REQUESTED

☐ Verification of income/monthly benefit
☐ Certification of retirement account balance
☐ Certification of DROP account balance
☐ Other: _____
☐ Current year 1099R
☐ Prior year 1099R: _____
List Tax Year(s)

Return Fax Instructions

Fax number (including area code): Where to send requested information
To the attention of the person named below (if applicable)
Company / agency / business name (if applicable)

Change of Address

Street or PO Box
City State Zip code

I authorize an RSA Member Services' agent(s) to fax the above named document to the return fax number indicated. I am aware the faxed documents may contain sensitive account or personal information.

Signature _____
(Cannot complete request without signature of member or Power of Attorney if applicable)