RSA-1_ADC
07/16

AUTHORIZATION TO DEFER COMPENSATION
RSA-1 DEFERRED COMPENSATION PLAN

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

- Use this form to begin, restart, increase/decrease, or stop deferral amounts.
- **Complete and submit to your Payroll Officer to begin deferrals**.
- **Do not submit this form to RSA-1 or the Retirement Systems of Alabama**.
- 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.

Name _____
First Middle/Maiden Last

Social Security Number _____

Specify one of the following:

☐ New Enrollment ☐ Restart ☐ Increase Deferrals

☐ Decrease Deferrals ☐ Sick/Annual Leave ☐ Stop Deferrals

Specify the following:

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 _____ **Date** _____

Signature of Payroll Officer _____ _____
(**Only** if submitting a FINANCIAL HARDSHIP DISTRIBUTION REQUEST OR A DISTRIBUTION REQUEST) Date Deferrals Stopped

Name of Payroll Officer _____

Payroll Officer Daytime Phone _____ Email _____

***Payroll Officer: Do not send deferrals to RSA-1 for at least two weeks from the date employee submitted enrollment forms to RSA-1.**