

INVESTMENT OPTION ELECTION FOR EXISTING DROP ROLLOVER OR 457 TRANSFER RSA-1 DEFERRED COMPENSATION PLAN

Check One: <input type="checkbox"/> DROP Rollover <input type="checkbox"/> 457 Transfer

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

Name _____
First Middle/Maiden Last

Social Security Number or PID _____ Date of Birth _____
Month Day Year

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

Beneficiary Social Security Number _____ Beneficiary Date of Birth _____
Month Day Year

Address _____
Street or P. O. Box

City State Zip Code

Email Address _____ Phone Number _____

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

- My Investment Option Election will become effective on the first day of the month following the actual receipt of my Investment Option Election form by RSA-1. For example, if my election is to be effective June 1, my election form must be received by RSA-1 on May 31.
- My election can be made only **once every 90 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 **90 days**.
- My election can apply to the entire balance, a percentage of the balance, or a designated dollar amount of the balance in my account.

I elect the following for my account:

- Transfer _____ % OR \$ _____ from my **bond** investment account to the **stock** investment account.
- Transfer _____ % OR \$ _____ from my **bond** investment account to the **short term** investment account.
- Transfer _____ % OR \$ _____ from my **stock** investment account to the **bond** investment account.
- Transfer _____ % OR \$ _____ from my **stock** investment account to the **short term** investment account.
- Transfer _____ % OR \$ _____ from my **short term** investment account to the **bond** investment account.
- Transfer _____ % OR \$ _____ from my **short term** investment account to the **stock** investment account.

Signature of Member or Beneficiary if Member is Deceased _____ Date _____