RSA-1 IOE
DROP or TRANSFER
Existing
08/14

INVESTMENT OPTION ELECTION FOR EXISTING DROP ROLLOVER OR 457 TRANSFER 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

Check one: ☐ DROP Rollover ☐ 457 Transfer

Name _____
First Middle/Maiden Last

Social Security Number _____ **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 (check only one):

☐ Transfer _____ % of the balance in my **fixed (bond)** investment option to the **stock** investment option.

☐ Transfer **$** _____ from my **fixed (bond)** investment option to the **stock** investment option.

☐ Transfer _____ **%** of the balance in my **stock** investment option to the **fixed (bond)** investment option.

☐ Transfer **$** _____ from my **stock** investment option to the **fixed (bond)** investment option.

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