



## **RSA-1 Deferred Compensation Plan**

P.O. Box 302150  
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

### **Enrollment Forms**

- ◆ RSA-1 ENROLLMENT (Submit to RSA-1)
- ◆ BENEFICIARY DESIGNATION (Submit to RSA-1) – Can also be used for change of beneficiary.
- ◆ INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS (Submit to RSA-1)
- ◆ AUTHORIZATION TO DEFER COMPENSATION (Submit to your payroll office)



# RSA-1 Deferred Compensation Plan Enrollment

Retirement Systems of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

## Your Information

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Daytime Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female

## Employer Information

Employer \_\_\_\_\_  
Agency Name

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Daytime Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

My current status is:

- Employees' Retirement System (ERS) member
- Teachers' Retirement System (TRS) member
- Judicial Retirement Fund (JRF) member
- I am not a member of ERS, TRS, or JRF

## Signature Certification

Please read carefully as the following statements will apply to your RSA-1 account:

- I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).
- I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).
- I will complete an AUTHORIZATION TO DEFER form and deliver it to **my payroll officer** to begin deferrals. It takes at least two weeks for RSA-1 to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION FORMS. **This does not apply to DROP accounts.**
- I understand that I may not withdraw this account unless I meet one of the following conditions:
  1. Separation from service through retirement or termination from employment
  2. The attainment of age 70 ½
  3. Unforeseeable emergency (must be approved by Plan Administrator)
  4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

# BENEFICIARY DESIGNATION RSA-1 & PEIRAF

**Type of Account:**  
 PEIRAF  
 RSA-1

**Retirement Systems of Alabama**  
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**Name** \_\_\_\_\_  

First
Middle/Maiden
Last

**Address** \_\_\_\_\_  

Street or P. O. Box

\_\_\_\_\_  

City
State
Zip Code

**Social Security Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

*( ) Check if Beneficiary information is continued on the back of this form.*

**Please Note:** Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by RSA.

### DESIGNATION OF PRIMARY BENEFICIARY(IES)

I hereby designate the following person(s) as my primary beneficiary(ies) to receive any benefit that may become due at or after my death according to the terms of the Plan.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  

mm/dd/yyyy

**Address:** \_\_\_\_\_  

Social Security Number
Street or P. O. Box
City
State
Zip Code

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  

mm/dd/yyyy

**Address:** \_\_\_\_\_  

Social Security Number
Street or P. O. Box
City
State
Zip Code

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  

mm/dd/yyyy

**Address:** \_\_\_\_\_  

Social Security Number
Street or P. O. Box
City
State
Zip Code

### DESIGNATION OF CONTINGENT BENEFICIARY(IES)

In the event the primary beneficiary(ies) does **not** survive me, I hereby designate the following person(s) as my contingent beneficiary(ies) to receive any benefit that may become due at or after my death according to the terms of the Plan.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  

mm/dd/yyyy

**Address:** \_\_\_\_\_  

Social Security Number
Street or P. O. Box
City
State
Zip Code

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  

mm/dd/yyyy

**Address:** \_\_\_\_\_  

Social Security Number
Street or P. O. Box
City
State
Zip Code

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  

mm/dd/yyyy

**Address:** \_\_\_\_\_  

Social Security Number
Street or P. O. Box
City
State
Zip Code

**Signature** \_\_\_\_\_ **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 \_\_\_\_\_

If completing this side of the form, do not forget to sign at the bottom.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**MULTIPLE BENEFICIARIES DESIGNATION (Continued)**

**DESIGNATION OF PRIMARY BENEFICIARIES (Continued)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

**DESIGNATION OF CONTINGENT BENEFICIARIES (Continued)**

**Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Page two must be signed if any beneficiary information is submitted on this side of the form.

# INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS RSA-1 DEFERRED COMPENSATION PLAN

**Check all that apply:**

- RSA-1  
 DROP Rollover

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Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P. O. Box  
City State Zip Code

Social Security Number or PID \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I understand the following regarding this investment option election:

- My election must be made prior to the funds being submitted or transferred.
- My election can be made once every **90 days**.
- My election will remain in effect until a subsequent election is made, but it must remain in effect for **90 days**.

### RSA-1 ACCOUNTS ONLY

I elect the following investment option for **future deferrals**. You can elect to have 100% in the bond, stock, or short term investment option election or split the percentages between the investment options – but they must add up to 100%.

Invest \_\_\_\_\_% of **new deferrals** in the RSA-1 **BOND** investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

Invest \_\_\_\_\_% of **new deferrals** in the RSA-1 **STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest \_\_\_\_\_% of **new deferrals** in the RSA-1 **SHORT TERM** investment option. The short term investment fund (**STIF**) could include high-quality money market securities, U.S. Treasury bills or notes and U.S. government agency notes with a maturity of one year or less.

### DROP ROLLOVER ACCOUNTS ONLY

I elect the following investment option for **DROP funds**. You can elect to have 100% in the bond, stock, or short term investment option election or split the percentages between the investment options – but they must add up to 100%.

Invest \_\_\_\_\_% of **DROP funds** in the RSA-1 **DROP BOND** investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

Invest \_\_\_\_\_% of **DROP funds** in the RSA-1 **DROP STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest \_\_\_\_\_% of **DROP funds** in the RSA-1 **DROP SHORT TERM** investment option. The short term investment fund (**STIF**) could include high-quality money market securities, U.S. Treasury bills or notes and U.S. government agency notes with a maturity of one year or less.

### AUTHORIZATION

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION TO DEFER COMPENSATION RSA-1 DEFERRED COMPENSATION PLAN

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- 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:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Enrollment     | <input type="checkbox"/> Restart           | <input type="checkbox"/> Increase Deferrals |
| <input type="checkbox"/> Decrease Deferrals | <input type="checkbox"/> Sick/Annual Leave | <input type="checkbox"/> 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.**