

Incoming Transfer from Other Section 457 Plans to RSA-1

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



,	Your SSN						
-	Гуре of Account:	□ TRS □ ERS □ JI	RF 🗖 Other				
our nformation The member must sign	Name	First M		Aiddle/Maiden	Last	Last	
and have this form notarized on the reverse side.	Mailing Address ₋	Street or P.O. Box	Apt.#	City	State	ZIP Code	
	Telephone Numb	er		Email Address			
	Date of Birth			PID (optional)			
	Employer						
nformation	transferred. Name of Section 457 Deferred Compensation Plan Mailing Address Street or P.O. Box Apt.# City State ZIP Code						
	Contact Person Telephone Number Account Information Qualified Transfer Amount \$ Account Number with Trustee/Record Keeper						
	Deferrals prior to 1997 which were not previously tax deferred for state of Alabama purposes						
	Signature of Trustee Official/Record Keeper affirms that:						
	These funds are from a Section 457(b) plan. These funds do not include funds rolled over from any plan type other than a Section 457(b) plan, such as rollovers from Section 401(a), 401(k), 403(b), or Traditional IRAs. Any deferrals prior to 1997 which were not previously tax deferred for state of Alabama purposes have been noted above. These funds do not represent a Required Minimum Distribution or Unforeseen Emergency Distribution.						
Sign Here →	Signature of Tru	stee Official			Date		
Trustee Official		Sig	Signature by Trustee Official affirms acceptance of transfer				

Form Instructions

The **Your Information** section and **Signature Certification** section (on page 2) must be completed by the member.

The **Previous 457 Plan Information** section must be completed by the Trustee Official/Record Keeper of the plan from which you wish to transfer funds. Please mail this form to the holding financial institution in order for the form to be completed. The Trustee Official/Record Keeper must complete all items in the **Previous 457 Plan Information** section, sign the form, and return it to RSA-1 per the payment instructions below.

Once RSA-1 has received the completed form, RSA-1 will send a letter of acceptance to the Trustee Official/Record Keeper.

Make check payable to: RSA-1 Deferred Compensation Fund FBO: Participant's Name

Mail check to: RSA-1 Deferred Compensation Fund P.O. Box 302150 Montgomery, AL 36130-2150

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Submit this form in advance of the Trustee-to Trustee transfer of funds to RSA-1 in order to provide sufficient processing time.

Name	SSN						
Signature Certification	I hereby authorize the Trustee Official/Record Keeper in the Previous 457 Plan Information section to transfer \$ to my RSA-1 457 Transfer account. If transferring the full balance of the other 457 account, enter either 100% or full balance.						
	Signature of Member affirms that: These funds are from a Section 457(b) plan. These funds do not include funds rolled over from any plan type other than a Section 457(b) plan, such as rollovers from Section 401(a), 401(k), 403(b), or Traditional IRAs. These funds do not represent a Required Minimum Distribution or Unforeseen Emergency Distribution. Signature of Member indicates that: I must either enroll in or have an existing account with RSA-1 prior to the Trustee-to-Trustee transfer. To enroll in RSA-1, I must						
	COMPLETE THE FOLLOWING RSA-1 forms: DEFERRED COMPENSATION PLAN ENROLLMENT AUTHORIZATION TO DEFER COMPENSATION BENEFICIARY DESIGNATION INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS (complete both the RSA-1 Accounts Only and 457 Transfer Accounts Only sections)						
	If I have an existing account, I must complete the Investment Option Election for New Accounts (457 Transfer Accounts Only section). This form must be completed and approved by RSA-1 prior to the Trustee-to-Trustee transfer.						
	If the signature of the previous plan official or information from the previous plan is not complete, it will delay the transfer.						
Sign Here →	Your Signature Date						
Member ease have your signature acknowledged before a Notary Public.	State of, County of, A Notary Public, hereby certify that the above named individual white is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements retrue. Given under my hand this day of, 20	made are					
	Seal Signature of Notary Public						
	My Commission Expires						



Sign Here →

RSA-1 Investment Option Election for Incoming 457 Transfer

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Your SSN Your Information Middle/Maiden Mailing Address Street or P.O. Box Apt.# State ZIP Code Telephone Number Email Address Date of Birth PID (optional) Investment I elect the following investment option for trustee-to-trustee transfer funds. You can elect to have 100% in the fixed income, Option equity, or short-term investment option election or split the percentages between the investment options, but they must add up to **Election** 100% % of trustee-to-trustee transfer funds in the RSA-1 FIXED INCOME investment option. Invest Invest ______ % of **trustee-to-trustee transfer funds** in the RSA-1 **EQUITY** investment option. % of **trustee-to-trustee transfer funds** in the RSA-1 **SHORT-TERM** investment option. RSA-1 FIXED INCOME investment option: The fixed income 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. RSA-1 **EQUITY** investment option: The equity portfolio is invested in a S&P 500 Index Fund. 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. Please note that Fixed Income, Equity, and Short-Term Investment Options are all subject to market fluctuations. Signature I understand the following regarding this investment option election: Certification My election must be made prior to the funds being 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_IOE457IT REV 05-2022

Your Signature