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THE RETIREMENT SYSTEMS OF ALABAMA

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6/30/2020

NOTICE **IRS Issues Additional Guidance on** **Waiver of 2020 Required Minimum Distributions**

The Internal Revenue Service issued additional guidance relating to the waiver of the 2020 required minimum distribution (RMD) from certain retirement plans in accordance with CARES Act. The CARES Act permitted RSA-1 members the option to forego their required minimum distribution (RMD) not already paid for 2020. On June 23, 2020, the IRS provided additional guidance permitting the repayment or rollover of RMDs already paid for 2020. Therefore, any RSA-1 member or beneficiary who has already received an RMD in 2020 now has the option to return their RMD to the RSA-1 Deferred Compensation Plan or rollover the RMD.

If you have already received your 2020 RMD, you now have the option to return your RMD to the RSA-1 Deferred Compensation Plan or rollover the RMD. The deadline for returning or rolling over the 2020 RMD is August 31, 2020. If you would like to return or rollover your 2020 RMD, please contact us at 1.334.517.7230.

If you would like to forego payment of your 2020 RMD, please mail a signed letter to the RSA-1 Benefits Division requesting to waive your 2020 RMD as stated in the CARES Act or contact our office and we can mail you a form. If you have already submitted a request to stop your RMD, please disregard.

You may contact the RSA-1 Benefits Division at 1.877.517.0020 with any questions concerning your 2020 RMD or by email to rsalinfo@rsa-al.gov.

On behalf of RSA we hope you and your family remain safe during this difficult time.

Thank you,
RSA-1 Deferred Compensation Plan

Enclosure



RSA-1 Request to Stop Required Minimum Distribution

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



Participant SSN _____

Participant Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

Participant Authorization

I wish to waive my 2020 Required Minimum Distribution (RMD) per the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

Signature Certification

Sign Here → Your Signature _____ Date _____