

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



	Your SSN								
	Check One: TRS ERS								
Your Information	Name	Middle/Maiden							
			Last	Last					
	AddressStreet or P.O. Box		State	ZIP Code					
	Telephone Number	Email Address							
	Date of Birth								
Plan Information To be completed by Plan Representative	The Retirement Systems of Alabama acc	cepts transfers from qualified and tax-deferr se. If a Transfer Acceptance Letter is needed	red plans provided that the	amount transferred					
A copy of the purchase letter must be attached.	Plan Type: ☐ RSA-1 ☐ IRC 457 ☐ IRC	403(b) ☐ IRA ☐ Conduit IRA ☐ IR	PC 401						
	Amount of Transfer Requested \$								
	Name of Company Transferring Funds								
	Account Number								
	Contact Person	Telephone Number	none Number						
	AddressStreet or P.O. Box	City	State	ZIP Code					
	Qualified Transfer Amount:		3.00	2 0000					
Sign Here → Plan Representative			Date						
Signature Certification		ng to transfer funds from a qualified and tax Feachers' Retirement System of Alabama, w pany to begin the transfer process.							
Sign Here →	Your Signature		Date						
Please have your signature acknowledged before a Notary Public.	State of	, County of							
	I,, a Notary Public, hereby certify that the above named individual whose name								
	is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are								
	true. Given under my hand this	day of	day of, 20						
	Seal	Signature of Notary Public							
		My Commission Expires							

Purchase Transfer Request

Instructions

Member must complete Part I of the Purchase Transfer Request form.

Member must sign the form, have the signature witnessed by a Notary Public, and submit the form to the plan from which the funds are to be transferred. The member should also include a copy of the service purchase letter with this form.

The plan representative must complete Part II of the Purchase Transfer Request form. The completed form and the transferred funds should be sent to the RSA at the address shown at the top of the previous page.

If the member is making direct payment for the remainder of the cost, the member should remit that payment along with a copy of the purchase letter directly to the RSA at the address shown at the top of the previous page.

This form must be submitted prior to the effective date of your service purchase. Most plans have minimum processing requirements that must be taken into account regarding the remittance of your payment; it generally takes several weeks for a plan to complete a transfer of funds.

Note for RSA-1 Participants

If your payment is being transferred from your RSA-1 Deferred Compensation Account, submit this form to RSA-1 at least fifteen (15) working days prior to the purchase date. You will additionally be required to complete the RSA-1 In-Service Transfer Form To Purchase Permissive Service Credit (Form RSA-1_PURSVC). You can download the form from the website www.rsa-al.gov or contact RSA-1 at 877.517.0020 or 334.517.7000 to have it mailed to you.

This form is to be used for the purchase of permissive service credit. Permissive service is service that, by law, is eligible to be purchased by a member of the Retirement Systems.

If a member purchases credit for service based on an estimated cost, the member's account will be audited after the end of the fiscal year to ensure compliance with the law.

If the actual cost for the service credit exceeds the estimated remitted payment amount, an additional payment from the member will be required to maintain credit for the service.

If the estimated remitted payment amount exceeds the actual cost for the service credit, the member will be issued a refund.

RSA_PURTRAN REV 4-19



RSA-1 In-Service Transfer to Purchase Permissive Service Credit

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`	Your SSN									
	Check One: ☐ TRS ☐ ERS ☐	JRF								
Your Information A copy of the purchase	NameFirst Middle		e/Maiden		Last					
letter must be attached.	Mailing Address Street or P.O. Box Telephone Number			•	State		ZIP Code			
	Date of Birth									
	Employer									
Member										
Authorization	I hereby authorize the transfer of a total of \$ from my RSA-1 Deferred Compensation Plan to the retirement system listed above for the purpose of purchasing permissive service credit as follows:									
Available Account Types	Regular Contributions Pre-Tax	457(b) Transfer Pre-Tax	DRO	P Rollover Pre-Tax						
	PLOP Rollover Pre-Tax	ERIP Rollover Pre-Tax	TSP I	Rollover Pre-Tax						
	List the account type(s) from which you wish to transfer funds for the purchase of service credit. Please specify either a dollar amount or "All" in each row. Selecting "All" will deplete the entire fund balance.									
	List Account Type			Type of Funds	Dollar Amount		All			
Account Type Selection				Fixed Income		or				
				Equity		or				
				STIF		or				
Choose from the Available Account Types listed above.				Fixed Income		or				
				Equity		or				
				STIF		or				
				Fixed Income		or				
				Equity		or				
				STIF		or				
				Fixed Income		or				
				Equity		or				
				STIF		or				
Signature Certification	I authorize RSA-1 to transfer the the purpose of purchasing perm		Authorization	on section above to th	e retirement syster	n indic	ated above fo			
Sign Here →	Your Signature Date									
ease have your signature acknowledged before a Notary Public.	State of	-			eal					
	On this day of		20	, personally ap	peared before me,	the ab	ove named			
	individual and acknowledged under oath that the statements made are true.									
	Signature of Notary Public My Commission Expires									
	This form, the form from your retirement system, and a copy of the eligibility letter specifying the amount and eligibility to purchase									