



# 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 \_\_\_\_\_  
First Middle/Maiden Last

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

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Plan Information

To be completed by Plan Representative

A copy of the purchase letter must be attached.

The Retirement Systems of Alabama accepts transfers from qualified and tax-deferred plans provided that the amount transferred does not exceed the cost of the purchase. If a Transfer Acceptance Letter is needed, please contact the Retirement Systems of Alabama.

#### Plan Type:

RSA-1  IRC 457  IRC 403(b)  IRA  Conduit IRA  IRC 401

Amount of Transfer Requested \$ \_\_\_\_\_

Name of Company Transferring Funds \_\_\_\_\_

Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Qualified Transfer Amount: \_\_\_\_\_

**Sign Here →**  
Plan Representative

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

### Signature Certification

This form must be used if you are electing to transfer funds from a qualified and tax-deferred plan for the purchase of service in the Employees' Retirement Systems or Teachers' Retirement System of Alabama, which qualify as 401(a) Defined Benefit Plans. You must contact your investment company to begin the transfer process.

**Sign Here →**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_, 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](http://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-1 In-Service Transfer to Purchase Permissive Service Credit

Retirement Systems of Alabama  
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## Your SSN

\_\_\_\_\_

Check One:  TRS  ERS

### Your 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) \_\_\_\_\_

Employer \_\_\_\_\_

### Retirement System Information

Name of Retirement System \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Your Retirement System Account Number \_\_\_\_\_

### Member Authorization

*A copy of the purchase letter must be attached.*

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:

Transfer \$ \_\_\_\_\_ from my **RSA-1 BOND** account.

Transfer \$ \_\_\_\_\_ from my **RSA-1 STOCK** account.

Transfer \$ \_\_\_\_\_ from my **RSA-1 SHORT-TERM** account.

Transfer \$ \_\_\_\_\_ from my **Transfer BOND** account.

Transfer \$ \_\_\_\_\_ from my **Transfer STOCK** account.

Transfer \$ \_\_\_\_\_ from my **Transfer SHORT-TERM** account.

This form, the form from your retirement system, and a copy of the eligibility letter specifying the amount and eligibility to purchase permissive service credit must be received by RSA-1 at least 15 working days prior to the payment due date in order to provide sufficient processing time.

### Signature Certification

I authorize the RSA-1 to transfer the funds noted in Member Authorization to the retirement system noted in Retirement System Information for the purpose of purchasing permissive service credit.

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

*Please have your signature acknowledged before a Notary Public.*

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Seal

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_