



## RSA-1 and PEIRAF Beneficiary Designation

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



### Your SSN

\_\_\_\_\_

Type of Account: ☐ RSA-1 ☐ PEIRAF

### Your Information

*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.*

Name \_\_\_\_\_  
First Middle/Maiden Last  
Mailing Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex ☐ Male ☐ Female

### Designation of Primary Beneficiary(ies)

*For primary beneficiaries, the percentages must add up to 100% using whole numbers only.*

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 \_\_\_\_\_  
Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code  
\_\_\_\_\_% SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code  
\_\_\_\_\_% SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code  
\_\_\_\_\_% SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code  
\_\_\_\_\_% SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

☐ Check if contingent beneficiary information is continued on the back of this form.

### Signature Certification

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

### Sign Here

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

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

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

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

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

## RSA-1 and PEIRAF Beneficiary Designation



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

Name \_\_\_\_\_ SSN \_\_\_\_\_

### Designation of Contingent Beneficiary(ies)

In the event the primary beneficiary(ies) designated above 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 \_\_\_\_\_

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

SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

SSN \_\_\_\_\_ Telephone \_\_\_\_\_ Sex ☐ Male ☐ Female

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

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