



Your SSN \_\_\_\_\_

**Your Information**

Name \_\_\_\_\_  
First Middle/Maiden Last

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

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

Date of Birth \_\_\_\_\_ PID (optional) \_\_\_\_\_

**Investment Options**

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 an 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.**

**Regular Pre-Tax Contributions**

The election will only affect your paycheck contributions. You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but your selected investment option(s) must add up to 100%. Percentages must be whole numbers only.

I elect the following investment option(s) for future contributions:

Invest \_\_\_\_\_ % of **future Pre-Tax contributions** in the RSA-1 **FIXED INCOME** investment option.

Invest \_\_\_\_\_ % of **future Pre-Tax contributions** in the RSA-1 **EQUITY** investment option.

Invest \_\_\_\_\_ % of **future Pre-Tax contributions** in the RSA-1 **SHORT-TERM** investment option.

**Regular Roth Contributions**

You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but your selected investment option(s) must add up to 100%. Percentages must be whole numbers only.

I elect the following investment option(s) for future contributions

Invest \_\_\_\_\_ % of **future Roth contributions** in the RSA-1 **FIXED INCOME** investment option.

Invest \_\_\_\_\_ % of **future Roth contributions** in the RSA-1 **EQUITY** investment option.

Invest \_\_\_\_\_ % of **future Roth contributions** in the RSA-1 **SHORT-TERM** investment option.

**Signature Certification**

**I understand the following regarding this investment option election:**

- My election can be made **once every day**.
- I may stop deferrals at any time; however, my election will remain in effect if I later resume deferrals.
- My election will be processed within **three business days** of receipt of this form, if properly completed.
- Online submissions are **effective immediately**.

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





# RSA-1 Authorization to Defer Compensation

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



## Your SSN

\_\_\_\_\_

Use this form to begin, restart, increase/decrease, or stop contribution amounts.

### Your Information

Complete and submit to your Payroll Officer to begin contributions.

Do not submit this form to RSA-1 or the RSA.

Name \_\_\_\_\_  
First Middle/Maiden Last

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

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

Date of Birth \_\_\_\_\_ PID (optional) \_\_\_\_\_

### Contribution Information

Specify one of the following:

- New Enrollment       Restart       Sick/Annual Leave  
 Increase Contributions       Decrease Contributions       Stop Contributions

If enrolling in RSA-1, please make certain that your RSA-1 ENROLLMENT and BENEFICIARY DESIGNATION forms have been submitted to the RSA-1 Deferred Compensation Plan before submitting this form to your Payroll Officer. **Note the following exception:** If stopping contributions due to financial hardship, your Payroll Officer must sign verifying that contributions have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Distribution Request.

1. Please defer \$ \_\_\_\_\_ of contributions per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan into my **REGULAR PRE-TAX account**.  
If stopping contributions, enter zero (0) for the dollar amount.
2. Please defer \$ \_\_\_\_\_ of contributions per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan into my **REGULAR ROTH account**.  
If stopping contributions, enter zero (0) for the dollar amount.
3. Effective date\* \_\_\_\_\_ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.
4. If you are deferring payments for Sick or Annual Leave (must be enrolled), please indicate the amounts below:  
Please defer \$ \_\_\_\_\_ of my payment for unused Sick Leave or Annual Leave to my **REGULAR PRE-TAX account**.  
Please defer \$ \_\_\_\_\_ of my payment for unused Sick Leave or Annual Leave to my **REGULAR ROTH account**.

### Signature of Employee

Sign Here

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

### Payroll Officer Information

Only if submitting a Financial Hardship Distribution Request or a Distribution Request.

Payroll Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_  
Please Print

Payroll Officer Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Date Deferrals Stopped \_\_\_\_\_

Please submit all required enrollment forms to RSA-1. Contributions received by RSA-1 without executed enrollment forms will be refunded. If you are already enrolled, please make certain you have an updated CONTRIBUTION ALLOCATION form on file with RSA-1 before submitting contributions.