



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%.

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%.

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.