RSA-1 Deferred Compensation Plan

P.O. Box 302150
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020
www.rsa-al.gov

Enrollment Forms

- RSA-1 Enrollment (Submit to RSA-1)
- Beneficiary Designation (Submit to RSA-1) — Can also be used for change of beneficiary.
- Investment Option Election For New Accounts (Submit to RSA-1)
- Authorization to Defer Compensation (Submit to your payroll office)
Your SSN

Name

First

Middle/Maiden

Last

Address

Street or P.O. Box

City

State

ZIP Code

Telephone Number

Email Address

Date of Birth

Sex

Male

Female

Employer Information

Employer

Agency Name

Address

Street or P.O. Box

City

State

ZIP Code

Telephone Number

Email Address

My current status is:

Employees’ Retirement System (ERS) member

Judicial Retirement Fund (JRF) member

Teachers’ Retirement System (TRS) member

I am not a member of ERS, TRS, or JRF

Signature Certification

Please read carefully as the following statements will apply to your RSA-1 account:

I have designated my beneficiaries on the separate Beneficiary Designation form (return to RSA-1).

I have completed an Investment Option Election form (return to RSA-1).

I will complete an Authorization to Defer Compensation form and deliver it to my payroll officer to begin deferrals. It takes at least two weeks to process the RSA-1 Enrollment, Beneficiary Designation, and Investment Option Election forms.

I understand that I may not withdraw this account unless I meet one of the following conditions:

1. Separation from service through retirement or termination from employment
2. The attainment of age 72
3. Unforeseeable emergency (must be approved by Plan Administrator)
4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here ➔ Your Signature __________________________________________ Date ____________________
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:  □ PEIRAF  □ RSA-1

Name ____________________________________________
First   Middle/Maiden    Last

Address __________________________________________
Street or P.O. Box    City    State    ZIP Code

Telephone Number ___________________________ Email Address ___________________________

Date of Birth ___________________________ Sex  □ Male  □ Female

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

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

Your Signature ____________________________________________ Date __________________________

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 ____________________________________________

Signature Certification

Please have your signature acknowledged before a Notary Public.

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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.
RSA-1 Investment Option Election for New Accounts

Your SSN

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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) _________________________________

RSA-1 Accounts Only

I elect the following investment option for future deferrals. You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _________________________________ % of new deferrals in the RSA-1 BOND investment option. The bond 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.

Invest _________________________________ % of new deferrals in the RSA-1 STOCK investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _________________________________ % of new deferrals in the 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.

DROP, PLOP, ERIP, TSP

Rollover Accounts Only

I elect the following investment option for:

Check one: □ DROP  □ PLOP  □ ERIP  □ TSP

You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _________________________________ % of funds in the RSA-1 BOND investment option. The bond 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.

Invest _________________________________ % of funds in the RSA-1 STOCK investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _________________________________ % of funds in the 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.

Signature Certification

I understand the following regarding this investment option election:

My election must be made prior to the funds being submitted or transferred. My election can be made once every 90 days. My election will remain in effect until a subsequent election is made, but it must remain in effect for 90 days.

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

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

Your Information

Complete and submit to your Payroll Officer to begin deferrals.

Do not submit this form to RSA-1 or the Retirement Systems of Alabama.

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

Deferral Information

Specify one of the following:

☐ New Enrollment          ☐ Restart                  ☐ Sick/Annual Leave
☐ Increase Deferrals      ☐ Decrease Deferrals    ☐ Stop Deferrals

If enrolling in RSA-1, please make certain that your RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION 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 deferrals due to financial hardship, your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Distribution Request.

1. Please defer $_________________________ per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. If stopping deferrals, enter zero (0) for the dollar amount.

2. 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.

3. 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 to RSA-1.

Please defer $_________________________ of my payment for unused Annual Leave to RSA-1.

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.