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)
RSA-1 Deferred Compensation Plan Enrollment
Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN __________ __________ __________ __________

Your Information
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 70 ½
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

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**Your SSN**  
__________________________

**Type of Account:**  
☐ PEIRAF  ☐ RSA-1

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**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.*

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**Designation of Primary Beneficiary(ies)**

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.

1. Name: __________________________ Relationship: ______________ Date of Birth: ______________
   
   Address: __________________________ Street or P.O. Box: ______ City: ______ State: ______ ZIP Code: ______
   
   SSN: ___________________ Telephone: ____________________________ Sex: ☐ Male ☐ Female
   
2. Name: __________________________ Relationship: ______________ Date of Birth: ______________
   
   Address: __________________________ Street or P.O. Box: ______ City: ______ State: ______ ZIP Code: ______
   
   SSN: ___________________ Telephone: ____________________________ Sex: ☐ Male ☐ Female
   
3. 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.

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**Signature Certification**

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

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: __________________________
### RSA-1 and PEIRAF Beneficiary Designation

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

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**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.

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

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

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.

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

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 Enrollement, 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

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.