



RSA-1 Enrollment Packet

Join RSA-1 and accelerate the growth of your retirement benefits!

RSA-1 is an eligible deferred compensation plan as defined by Section 457 of the Internal Revenue Code of the United States. The plan is authorized by § 36-27A-1, et. seq., *Code of Alabama 1975*. Under this deferred compensation plan, a public employee may elect to defer receipt of a portion of his or her salary until a later determined date, usually at retirement or termination of service. The deferred income is paid into the RSA-1 Deferred Compensation Plan and invested for the participant's benefit. Investment earnings are accumulated in the fund and are not subject to federal or state of Alabama income taxation until distributed to the employee. Deferred income and the investment earnings are held in the participant's account for the exclusive benefit of the plan participants and their beneficiaries.



START TODAY

This document includes the following forms:

- » **RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT**
- » **RSA-1 AND PEIRAF BENEFICIARY DESIGNATION**
- » **RSA-1 INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS**
- » **RSA-1 AUTHORIZATION TO DEFER COMPENSATION** (submit to your payroll officer)



CONTACT US

Please contact RSA-1 at 877.517.0020 if you have any questions.

► Questions?

- » Visit RSA's website at www.rsa-al.gov
- » Email RSA-1 through the RSA website; click on the "Contact" link at the top of the page
- » Call RSA-1 at 877.517.0020



IMPORTANT INFORMATION

- » The RSA-1 ENROLLMENT PACKET must be submitted to RSA-1 with the first three forms completed.



FORM INSTRUCTIONS

1. Complete the first three forms of the **RSA-1 ENROLLMENT PACKET**.
2. Submit the three completed forms to RSA-1 to establish an account. Deferrals should not be submitted until RSA-1 has received the RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT form.
3. Send the three forms of the **RSA-1 ENROLLMENT PACKET** to:
The RSA-1 Deferred Compensation Plan
P.O. Box 302150
Montgomery, AL 36130-2150
4. Once an account is established, you initiate salary deferrals by completing the RSA-1 AUTHORIZATION TO DEFER COMPENSATION form with your payroll officer. You can only defer contributions to RSA-1 through payroll deductions. **Do not submit the RSA-1 AUTHORIZATION TO DEFER COMPENSATION form to RSA-1 or the RSA.** Contributions received by RSA-1 without executed enrollment forms will be refunded.

FREQUENTLY ASKED QUESTIONS

Q. Are my investment earnings taxed?

- A. You do not pay income taxes on your investment earnings until they are withdrawn from RSA-1.

Q. Are there any limits on what I can contribute to RSA-1?

- A. There is no minimum amount you may defer. If you are making deferrals to another 457 plan, an annual contribution maximum applies to all 457 plans. If you are contributing to a 403(b) or a 401(k), the limits to those plans will not be affected by deferrals to RSA-1.

Q. When can I withdraw my funds from RSA-1?

- A. RSA-1 funds are available only after you have either retired or terminated employment.

Q. When I withdraw my funds, how are they taxed?

- A. Distributions are subject to the withholding rules applicable to qualified plans. Deferred income and investment earnings distributed from RSA-1 will be taxed to the employee or beneficiary as ordinary income in the year of distribution and are reported on a FORM 1099-R in the year of distribution.

Q. Does RSA-1 accept rollovers or transfers?

- A. RSA-1 accepts rollovers from state of Alabama or other eligible employer DROP, PLOP, or ERIP accounts once you have terminated employment. RSA-1 accepts trustee-to-trustee transfers from other 457 plans held by the participant. Funds transferred from other 457 accounts must never have been from any source other than 457(b).

Q. Can I roll over my RSA-1 funds to another plan?

- A. Once you are eligible for distributions, you may roll over your RSA-1 funds to a Section 401(k), 403(b), 457 plan, Roth IRA, or a Traditional IRA. If still in service, you may transfer your RSA-1 funds to state of Alabama eligible 457 plans.

Q. Can I catch-up contributions for years I did not participate?

- A. If you did not defer the maximum deferral amount in the years beginning with 1986 and were eligible to participate, you may "catch-up" unused eligible amounts, not exceeding the catch-up maximum, for one to three years if you are within three years of normal retirement age.

Q. May I defer my sick and annual leave?

- A. If you are eligible to receive payment for sick and annual leave at termination of employment, you may defer up to the maximum limit in the year you terminate employment.

Q. Can I use my RSA-1 funds to purchase service credit with the ERS or TRS?

- A. RSA-1 funds can be used to purchase permissive service credit with a governmental defined benefit plan such as ERS or TRS.

Q. Can I view my earnings online?

- A. Yes, visit our website for monthly and historical returns or contact RSA-1.



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



Your SSN

Type of Account: PEIRAF RSA-1

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

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)

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 _____

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 _____

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

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.*



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 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 _____ PID (optional) _____

RSA-1 Accounts Only

I elect the following investment option for future deferrals. 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 they must add up to 100%.

Invest _____ % of **new deferrals** in the RSA-1 **FIXED INCOME** investment option.

Invest _____ % of **new deferrals** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **new deferrals** in the RSA-1 **SHORT-TERM** investment option.

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 fixed income, equity, 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 **FIXED INCOME** investment option.

Invest _____ % of **funds** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **funds** in the RSA-1 **SHORT-TERM** investment option.

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 a 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.

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 _____

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.**