



# 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 income tax liability until distributed to the participant or the participant's beneficiary(ies). Deferred income and the investment earnings are held in the participant's account for the exclusive benefit of the plan participants and their beneficiary(ies).



### START TODAY

This packet includes the following forms:

- » **RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT**
- » **RSA-1 AND PEIRAF BENEFICIARY DESIGNATION**
- » **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](http://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 RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT form completed.
- » Pre-tax contributions are made with before-tax dollars.
- » Roth contributions are made with after-tax dollars.



## FORM INSTRUCTIONS

1. Complete the first two forms of the **RSA-1 ENROLLMENT PACKET**.
2. Submit the completed RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT form to RSA-1 to establish an account. Contributions should not be submitted until RSA-1 has received the RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT form. Contributions received by RSA-1 without executed enrollment forms will be refunded.
3. Send the two forms of the **RSA-1 ENROLLMENT PACKET** to:  
The RSA-1 Deferred Compensation Plan  
P.O. Box 302150  
Montgomery, AL 36130-2150
4. Once your account is established, you must provide a completed RSA-1 AUTHORIZATION TO DEFER COMPENSATION form to your payroll officer to initiate contributions. 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.**

## 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 your employment has been terminated.

### 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 not include funds that have been ever held in an account other than a Governmental 457(b) account.

### 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 use special catch-up contributions for years I did not participate?

- A. If you did not defer the maximum deferral amount from 1986 to present and were eligible to participate, you may use the "special catch-up" provision for unused eligible amounts, not exceeding the "special catch-up" maximum, for one to three years if you are within three years of normal retirement age. See the RSA-1 SPECIAL CATCH-UP ELECTION AND WORKSHEET for additional information.

### 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 the RSA-1 section of the RSA 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

Mailing 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

### Regular Pre-Tax Contributions

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

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

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

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

### Regular Roth Contributions

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

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

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

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

### DROP, 457(b) Transfer PLOP, ERIP, TSP Rollover Accounts Only

I elect the following investment option for:

**Check one:**  DROP  457(b) Transfer  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.

Continue to page 2 where your signature is required.

# RSA-1 Deferred Compensation Plan Enrollment



Name \_\_\_\_\_ SSN \_\_\_\_\_

## 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 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 will remain in effect until a subsequent election is made, but it must remain in effect for **one day**.

**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 will complete an AUTHORIZATION TO DEFER COMPENSATION form and deliver it to **my payroll officer** to begin deferrals.

**Please allow at least two business days** to process the RSA-1 ENROLLMENT and BENEFICIARY DESIGNATION 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

If money is distributed from a Roth account during the first five years, you will incur a tax penalty.

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:  RSA-1  PEIRAF

### 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

Mailing 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)

*For primary beneficiaries, the percentages must add up to 100% using whole numbers only.*

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 \_\_\_\_\_

#### Sign Here

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 \_\_\_\_\_

*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 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.