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
Daytime Telephone ___________________________ Email Address ___________________________
Date of Birth ___________________________ Sex  □ Male  □ Female

Employer Information
Employer ___________________________________________________________
Agency Name
Address ___________________________________________________________
Street or P.O. Box City State ZIP Code
Daytime Telephone ___________________________ 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 form and deliver it to my payroll officer to begin deferrals. It takes at least two weeks for RSA-1 to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION forms. This does not apply to DROP accounts.
• 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 ___________________________
Your SSN

Name
First           Middle/Maiden          Last
Address
Street or P.O. Box  City          State          ZIP Code
Daytime Telephone          Email Address

Date of Birth          Sex           Male           Female

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

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
Social Security Number          Sex           Male           Female

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
Social Security Number          Sex           Male           Female

Signature Certification

Your Signature
Date
STATE OF __________________________, COUNTY OF __________________________

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

Seal

RSA-1 and PEIRAF Beneficiary Designation
Retirement System of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Signature

Rev 12-18
Designation of Primary Beneficiary(ies) Continued

Name __________________________________________ Relationship __________________ Date of Birth ______________
Address __________________________ Street or P.O. Box __________ City __ State __________ ZIP Code ___________
Social Security Number __________________________ Sex □ Male □ Female

Name __________________________________________ Relationship __________________ Date of Birth ______________
Address __________________________ Street or P.O. Box __________ City __ State __________ ZIP Code ___________
Social Security Number __________________________ Sex □ Male □ Female

Designation of Contingent Beneficiary(ies) Continued

Name __________________________________________ Relationship __________________ Date of Birth ______________
Address __________________________ Street or P.O. Box __________ City __ State __________ ZIP Code ___________
Social Security Number __________________________ Sex □ Male □ Female

Name __________________________________________ Relationship __________________ Date of Birth ______________
Address __________________________ Street or P.O. Box __________ City __ State __________ ZIP Code ___________
Social Security Number __________________________ Sex □ Male □ Female

Name __________________________________________ Relationship __________________ Date of Birth ______________
Address __________________________ Street or P.O. Box __________ City __ State __________ ZIP Code ___________
Social Security Number __________________________ Sex □ Male □ Female

Name __________________________________________ Relationship __________________ Date of Birth ______________
Address __________________________ Street or P.O. Box __________ City __ State __________ ZIP Code ___________
Social Security Number __________________________ Sex □ Male □ Female

Sign Here ➔ Your Signature __________________________________________ Date __________________

*Page two must be signed if any beneficiary information is submitted on this side of the form.

RSA-1 and PEIRAF Beneficiary Designation

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

Check all that apply:  RSA-1  DROP Rollover

Your Information

Name ________________________________________________________________
First  Middle/Maiden  Last
Address ________________________________________________________________
Street or P.O. Box  City  State  ZIP Code
Daytime Telephone ___________________________  Email Address ________________________________________________________________
Date of Birth ___________________________  Sex  Male  Female  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 Rollover Accounts Only

I elect the following investment option for DROP funds. 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 DROP funds in the RSA-1 DROP 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 DROP funds in the RSA-1 DROP STOCK investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest ____________________ % of DROP funds in the RSA-1 DROP 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 ________________________
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 ____________________________

Daytime Telephone ____________________________ 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

Payroll Officer Signature ____________________________ Date ____________________________

Name of Payroll Officer ____________________________

Date Deferrals Stopped ____________________________

Payroll Officer Telephone ____________________________ Email Address ____________________________

*Please submit all required enrollment forms to RSA-1. Contributions received by RSA-1 without executed enrollment forms will be refunded.