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

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 __________________________________________________________________________________________
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 1/2
  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 [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ] [  ]

RSA-1_EN
REV 11-17
### 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

#### Your SSN

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#### 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle/Maiden</th>
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<th>Date of Birth</th>
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<th>Male</th>
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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.

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<th>Social Security Number</th>
<th>Sex</th>
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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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<th>Name</th>
<th>Relationship</th>
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## Signature Certification

**Sign Here ➔**

Please have your signature acknowledged before a Notary Public.

<table>
<thead>
<tr>
<th>Your Signature</th>
<th>Date</th>
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**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.

Seal

Signature of Notary Public

My Commission Expires

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RSA-1_BEN  
page 1 of 2  
REV 11-17
RSA-1 and PEIRAF Beneficiary Designation

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

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
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

Sign Here ➔ Your Signature ___________________________ Date __________________________

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

REV 11-17
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 _____________________________
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 __________

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

Only if submitting a Financial Hardship Distribution Request or a Distribution Request.

Payroll Officer Signature __________________________ Date __________________________

Name of Payroll Officer __________________________________________

Date Deferrals Stopped __________________________

Payroll Officer Telephone __________________________ Email Address __________________________

*Payroll Officer: Do not send deferrals to RSA-1 for at least two weeks from the date employee submitted enrollment forms to RSA-1.