

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

	Your SSN								
Your Information	NameFirst	Middle/Maiden	Last						
	AddressStreet or P.O. Box	City	State	ZIP Code					
	Daytime Telephone								
	Date of Birth								
Employer Information	EmployerAgency Name								
	AddressStreet or P.O. Box								
			State	ZIP Code					
	Daytime Telephone Email Address								
Sianatura	My current status is: ☐ Employees' Retirement System (ERS) member ☐ Teachers' Retirement System (TRS) member								
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:								
	 Separation from service through retirement or termination from employment The attainment of age 70 ½ Unforeseeable emergency (must be approved by Plan Administrator) 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						

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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												
	Type of Account:	□ PEIRA	F 🗖 RSA	-1 -1							_		
Your Information	Name						Middle/	/Maide	en			Last	
Please note: Divorce or annulment of a marriage	Address	Street or F	O Box						City	/		State	ZIP Code
shall not revoke or void the designation of a								Emai	,				
spouse as beneficiary for any benefits payable by RSA.	Date of Birth										☐ Female		
Designation of Primary Beneficiary(ies)	I hereby designate death according to) as m	y PRIM	ARY BEI	NEFIC	IARY(IES	s) to	receive any	benefit that may beco	me due at or after my
f you have more than two	Name							R	elations	ship		Date of Birth	
primary beneficiaries,	Address												
continue listing on back of form.	Address											State	ZIP Code
	Social Security Nu	mber							Se	ex	☐ Male	☐ Female	
	Name							R	elations	ship		Date of Birth	
	Address	Ctract or D	O Pay						City			State	ZIP Code
	Social Security Nu											☐ Female	ZIP Code
Designation of Contingent Beneficiary(ies)	CONTINGENT BENEF	ICIARY(IES	b) to recei	ve any	y ben	efit tha	at may	becc	me du	e at	or after my	y designate the followir death according to the Date of Birth	terms of the Plan.
contingent beneficiaries, continue listing on back	Address	Street or P	O Box						City			State	ZIP Code
of form.	Social Security Nu										☐ Male	☐ Female	Zii Code
	Name							R	elations	ship		Date of Birth	
	Address		O. Box										
											D Mala	State	ZIP Code
Signature Certification Sign Here ->	Social Security Nu										☐ Male	☐ Female	
lease have your signature	Your Signature STATE OF											Date	
acknowledged before a Notary Public.												ally appeared before me	, the above named
	iridividual and ack			oatn t	riat th	ie stati	ements	mac	ie are tr	rue.			
		Seal				Ciar	naturo 4	of No	stary Du	ıhlic			
						-			nary Pu 1 Expire		•		
						1.1 A			· Lvbii	-J			

RSA-1 and **PEIRAF** Beneficiary Designation

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

lame		SSN			
Designation of Primary Beneficiary(ies)	Name	•		Date of Birth	
Continued	AddressStreet or P.O. Box	City		State	ZIP Code
	Social Security Number			☐ Female	
	Name	Relationship		Date of Birth	
	AddressStreet or P.O. Box				
				State	ZIP Code
	Social Security Number	Sex	□ Male	☐ Female	
	Name			Date of Birth	
	AddressStreet or P.O. Box	City		State	710.0-1-
	Social Security Number			☐ Female	ZIP Code
	Name				
	Address Street or P.O. Box			State	ZIP Code
	Social Security Number	Sex	☐ Male	☐ Female	
Designation of Contingent	Name	Relationship		Date of Birth	
Beneficiary(ies)	Address_				
Continued	AddressStreet or P.O. Box			State	ZIP Code
	Social Security Number	Sex	□ Male	☐ Female	
	Name	Relationship		Date of Birth	
	AddressStreet or P.O. Box	City		Chaha	7ID Codo
	Social Security Number	City	□ Male	Sidle [] Female	ZIP Code
	•				
	Name	Relationship		Date of Birth	
	AddressStreet or P.O. Box	City		State	ZIP Code
	Social Security Number	•	☐ 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	



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	\square							
	Check all that apply: R	SA-1 🗆 [OROP Rollover						
Your Information	NameFirst		Mido	dle/Maiden		Last			
	AddressStreet or P.C). Box			City	State	ZIP Code		
					•				
	Date of Birth		Sex	☐ Male	☐ Female	PID (optional)			
RSA-1 Accounts Only	investment option election Invest	or split the per % of new ith maturities g	rcentages betw r deferrals in th	een the inv e RSA-1 BC	estment optic DND investme	100% in the bond, stock, or shons - but they must add up to 1 ant option. The bond portfolio bonds, U.S. agency obligation	l00%. is invested in		
	S&P 500 Index Fund. Invest	% of new gh-quality mo	deferrals in th	e RSA-1 SF	IORT-TERM in	ent option. The stock portfolion envestment option. The short-t s or notes, and U.S. governme	erm investment		
DROP Rollover Accounts Only						0% in the bond, stock, or short ons - but they must add up to 1			
	Invest in various debt instruments obligations, and commerci	with maturitie	OP funds in the es greater than	RSA-1 DRO one year su	OP BOND inve uch as corpora	estment option. The bond portate bonds, U.S. agency obligat	tfolio is invested ions, mortgage		
	Invest an S&P 500 Index Fund.	% of DRC	OP funds in the	RSA-1 DRO	OP STOCK inv	estment option. The stock po	rtfolio is invested in		
	Invest investment fund (STIF) cou agency notes with a maturi			RSA-1 DRO market se	OP SHORT-TE ecurities, U.S. ⁻	RM investment option. The shad u.s. Treasury bills or notes, and U.s.	iort-term 5. government		
Signature Certification	I understand the following	regarding this	investment opt	ion electio	n:				
	My election must be r	nade prior to t	he funds being	submitted	or transferred	I.			
	My election can be m	My election can be made once every 90 days .							
	My election will remain	n in effect unt	il a subsequent	election is	made, but it i	must remain in effect for 90 d	ays.		
Sign Here →	Your Signature					Date			

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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, restar	t, increase/decrease, o	r 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.	NameFirst			Last						
	AddressStreet or P.O Daytime Telephone Date of Birth		Email Address	State	ZIP Code					
Deferral Information	Specify one of the following New Enrollment	Specify one of the following:								
	☐ Increase Deferrals	□ Restart□ Decrease Deferral	☐ Sick/Annual Less Stop Deferrals							
	Election forms have been sub Officer. Note the following e verifying that deferrals have b Distribution Request.	omitted to the RSA-1 Delexception: If stopping done stopped. A copy of the stopping deferrals,	ferred Compensation Plan L eferrals due to financial ha this form must then be sub per pay period from enter zero (0) for the doll		Payroll ign I Hardship o the RSA-1					
	the date this form is submitte	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:								
				nused 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							
Only if submitting a Financial Hardship Distribution Request or	Name of Payroll Officer									
a Distribution Request.	Date Deferrals Stopped									
	Payroll Officer Telephone		Email Addre	ess						

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

RSA-1_ADC REV 12-18