



## **RSA-1 Deferred Compensation Plan**

P.O. Box 302150  
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020  
[www.rsa-al.gov](http://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 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:  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

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)

*If you have more than two primary beneficiaries, continue listing on back of form.*

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

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)

*If you have more than two contingent beneficiaries, continue listing on back of form.*

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Social Security Number \_\_\_\_\_ Sex  Male  Female

## Signature Certification

**Sign Here →**

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.

Seal

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

# RSA-1 and PEIRAF Beneficiary Designation

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

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

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## 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

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 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

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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 \_\_\_\_\_





