



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 _____ PID (optional) _____

Employer Information

Employer _____
Agency Name

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Verification of Active Military Duty

In accordance with the HEART Act, the RSA-1 Plan is required to have verification of active duty in the uniformed services to receive a distribution. To verify that you have been called to active duty, please provide one of the following:

1. **Copy of Orders:** Orders must specify the start and the end date. The period of active duty must be greater than 30 days.
- Or**
2. **Verification from your employer:** Employer must complete Employer Certification section below.

Employer Certification

To be completed by Employer

Employer Name _____
Please Print

Title _____
Please Print

Agency or Employer Code _____

Telephone Number _____

Military Leave Start Date _____

Military Leave End Date _____

By signing below, I verify that the above-referenced employee was called to active duty and is currently on military leave.

Sign Here →
Employer

Signature _____ **Date** _____

Continue to page 2 where your signature is required.



Name _____ SSN _____

Distribution Option

Check an option below to indicate your payment preference. Please be aware the payment will not be made until after the start of the military leave. If you select to withdraw from your Roth accounts, there are restrictions applicable to early distribution of Roth assets, which may be subject to increased tax liability.

- Lump-sum withdrawal for the entire account balance.
- Partial lump-sum payment in the amount of \$ _____ to be processed proportionately (pro-rata) from the account types you have elected.

List Account Type

Signature Certification

Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, punishable by a fine up to \$500 and/or imprisonment not to exceed one year.

Distributions are subject to the Internal Revenue Service tax withholding rules applicable to qualified plans.

Federal law requires a minimum of 10% tax withholding.

If you wish to elect more than the 10% federal income tax withholding, please complete the W-4R, WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS.

Individuals receiving a distribution under the HEART Act are required to cease contributions to the RSA-1 Plan for a period of six months from the date of the first distribution.

By signing below, I acknowledge that my contributions to the RSA-1 Plan will be stopped and cannot resume for six months from the date of this distribution.

I have read the instructions and understand the requirements. I understand that I may be subject to civil and criminal liability for any false statements on this form or any papers attached to or related to this form or my request for distribution under the RSA-1 Plan.

Your signature affirms your understanding of each of these statements and 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 _____

State of _____, County of _____

I, _____, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this _____ day of _____, 20 _____.

Seal

Signature of Notary Public _____

My Commission Expires _____