

RSA-1 IOE
Existing
03/15

INVESTMENT OPTION ELECTION FOR EXISTING ACCOUNTS RSA-1 DEFERRED COMPENSATION PLAN

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Name _____
First Middle/Maiden Last

Social Security Number or PID _____ **Date of Birth** _____
Month Day Year

Only if Member is Deceased, Provide Beneficiary Name _____

First Middle/Maiden Last

Beneficiary Social Security Number _____ **Beneficiary Date of Birth** _____
Month Day Year

Address _____
Street or P. O. Box

City State Zip Code

Email Address _____ **Phone Number** _____

I understand the following regarding this investment option election for my account:

- My election can be made only **once every 90 days** after the effective date of my last election.
- I may stop deferrals at any time; however, my election will remain in effect if I later resume deferrals.
- My election can apply to the entire balance, a percentage of the balance, or a designated dollar amount of the balance in my account.

I elect the following for my account: My Investment Option Election will become effective on the first day of the month following the actual receipt of my Investment Option Election form by RSA-1. For example, if my election is to be effective June 1, my election form must be received by RSA-1 on May 31.

Transfer _____ % OR \$ _____ from my **bond** investment account to the **stock** investment account.

Transfer _____ % OR \$ _____ from my **bond** investment account to the **short term** investment account.

Transfer _____ % OR \$ _____ from my **stock** investment account to the **bond** investment account.

Transfer _____ % OR \$ _____ from my **stock** investment account to the **short term** investment account.

Transfer _____ % OR \$ _____ from my **short term** investment account to the **bond** investment account.

Transfer _____ % OR \$ _____ from my **short term** investment account to the **stock** investment account.

Signature of Member or Beneficiary if Member is Deceased _____ **Date** _____