

Vour SSN

In-Plan Roth Conversion

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J	10u1 3311										
T	Type of Account: RSA-1 Member Account RSA-1 Spousal Beneficiary (see Participant Information below)										
Your Information	Name	First	Middle	/Maidan	Look						
You must sign and have this form	Mailing Address _	Street or P.O. Box		/Maiden City	Last State	ZIP Code					
notarized on the reverse side.	Telephone Number			Email Address							
	Date of Birth			PID							
Participant Information Only include Name and SSN if beneficiary	Name	The in		SSNs to the deceased participant.							
of Participant											

In-Plan Roth Conversion Information

Only an RSA-1 Plan participant or a surviving spouse of an RSA-1 Plan participant is eligible.

The amount of the In-Plan Roth Conversion will be reported as taxable income in the year of the conversion and you will be responsible for paying income taxes on this amount. A 1099-R will follow.

You should consult with your tax professional to understand the impact this In-Plan Roth Conversion would have on your estimated federal and state tax payments, overall change in tax liability, availability of funds to pay the taxes, and any other related issues. The increase in your reportable, taxable income may have other financial impacts that you should consider.

The In-Plan Roth Conversion will be separately shown on your RSA-1 Plan records. However, any remaining Pre-Tax balance will be subject to Required Minimum Distribution rules.

Investment earnings may be subject to federal income tax liability if withdrawn prior to the fifth anniversary of the In-Plan Roth Conversion. This rule is separate from the five-year rule to determine if a distribution is considered qualified for other tax purposes. Please consult your tax professional to determine whether this tax would be applicable.

Once an In-Plan Roth Conversion has been processed, it cannot be reversed.

In-Plan Roth Conversion



Name	SSN										
Roth Conversion Request a new Roth Conversion	You have the option to convert either a Dollar Amount OR a Percentage from the fund(s) in your Pre-tax account type(s). Please be aware that if you choose to convert a percentage of a fund, the corresponding dollar amount will be calculated based on the fund balance at the time this transaction is processed. Percentages must be whole numbers only.										
Available	Regular Contributions Pre-Tax	457(b) Transfer Pre-Tax	DRO	P Rollover Pre-Tax							
Account Types	PLOP Rollover Pre-Tax ERIP Rollover Pre-Tax			TSP Rollover Pre-Tax							
	List the account type(s) from which you wish to receive payments. Please specify either a dollar amount or a percentage in each row. Selecting 100% will convert the entire fund balance.										
	List Account Type			Type of Funds	Dollar Amount		Percent of Fund Balance				
Account Type				Fixed Income		or					
Choose from the Available Account Types listed above.			ľ	Equity		or					
				STIF		or					
				Fixed Income		or					
				Equity		or					
				STIF		or					
				Fixed Income		or					
				Equity		or					
				STIF		or					
				Fixed Income		or					
				Equity		or					
				STIF		or					
Signature Certification	By executing this form, you are have consulted with your legal a advice in selecting your In-Plan	and/or tax advisers. You also ack									
Sign Here →	Your Signature		Date								
Member lease have your signature	State of , County of										
acknowledged before a	I,, a Notary Public, hereby certify that the above named individual whose name										
Notary Public.	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 _		, 2	0						
	Signature of Notary PublicSeal										
	My Commission Expires										