

INCOMING TRANSFER FROM OTHER SECTION 457 PLANS TO RSA-1 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

PART I MEMBER INFORMATION

Name _____ **Social Security No.** _____
First Middle/Maiden Last

Home Address _____ **Phone Number** _____
Street or P. O. Box

_____ **Email Address** _____
City State Zip Code

Employer _____ **Date of Birth** _____
Month Day Year

Member of: ERS/JRF TRS Other

PART II PREVIOUS 457 PLAN INFORMATION

All items in this section must be completed by the Trustee Official/Record Keeper, including signature, of the plan from which funds will be transferred.

Name of Section 457 Deferred Compensation Plan _____

Contact Person _____ Phone Number _____

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

Account Number with Trustee/Record Keeper _____ Qualified Transfer Amount _____

Deferrals prior to 1997 which were not previously tax deferred for state of Alabama purposes _____

Signature of Trustee Official/Record Keeper _____ **Date** _____

SIGNATURE OF TRUSTEE OFFICIAL/RECORD KEEPER AFFIRMS THAT:

- These funds are from a Section 457(b) plan;
- These funds do not include funds rolled over from any plan type other than a Section 457(b) plan, such as rollovers from Section 401(a), 401(k), 403(b), or Traditional IRAs;
- Any deferrals prior to 1997 which were not previously tax deferred for state of Alabama purposes have been noted above; and
- These funds do not represent a Minimum Required Distribution or Unforeseen Emergency Distribution.

PART III PAYMENT INSTRUCTIONS FOR PREVIOUS PLAN TRUSTEE/RECORD KEEPER

Make check payable to:

RSA-1 Deferred Compensation Fund
FBO: Participant's Name

Mail check to:

RSA-1 Deferred Compensation Fund
P. O. Box 302150
Montgomery, Alabama 36130-2150

The member must sign and have this form notarized on reverse side.

PART IV AUTHORIZATION AND SIGNATURE OF MEMBER

I hereby authorize the Trustee Official/Record Keeper in Part II to transfer \$_____ to my **RSA-1 457 Transfer** account. If transferring the full balance of the other 457 account, enter either 100% or full balance.

SIGNATURE OF MEMBER AFFIRMS THAT:

- These funds are from a Section 457(b) plan;
- These funds do not include funds rolled over from any plan type other than a Section 457(b) plan, such as rollovers from Section 401(a), 401(k), 403(b), or Traditional IRAs; and
- These funds do not represent a Minimum Required Distribution or Unforeseen Emergency Distribution.

SIGNATURE OF MEMBER INDICATES THAT:

- I must either enroll in **or** have an existing account with RSA-1 prior to the Trustee-to-Trustee transfer.
- To **enroll** in RSA-1, I must complete the following forms: RSA-1 ENROLLMENT, AUTHORIZATION TO DEFER, BENEFICIARY DESIGNATION, and the INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS (complete **both** the RSA-1 Accounts Only and 457 Transfer Accounts Only sections).
- If I have an **existing** account, I must complete the INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS (457 Transfer Accounts Only section).
- This form must be completed and approved **prior to** the Trustee-to-Trustee transfer.
- **If the signature of the previous plan official or information from the previous plan is missing, it could result in delaying this transfer.**

NOTE: Submit this form **in advance** of the **Trustee-to-Trustee transfer of funds** to RSA-1 at the address above in order to provide sufficient processing time.

Signature of RSA-1 Member _____ **Date** _____

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20____ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Signature of Notary Public _____

Seal

My Commission Expires _____

INSTRUCTIONS

- Part I and IV must be completed by the member.
- Part II must be completed by the Trustee Official/Record Keeper of the plan from which you wish to transfer funds. Please mail this form to the holding financial institution in order for the form to be completed. The Trustee Official/Record Keeper must complete **all** items in Part II, sign the form and return it to RSA-1 per the instructions in Part III.
- Once RSA-1 has received the completed form, RSA-1 will send a letter of acceptance to the Trustee Official/Record Keeper.
- Notify your payroll officer of this change.

INVESTMENT OPTION ELECTION FOR INCOMING 457 TRANSFER 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

Address _____
Street or P. O. Box

City State Zip Code

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

Email Address _____ Phone Number _____

I understand the following regarding this investment option election:

- My election must be made prior to the funds being 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**.

457 TRANSFER ACCOUNTS ONLY

I elect the following investment option for **trustee-to-trustee transfer 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 **trustee-to-trustee transfer** funds 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 **trustee-to-trustee transfer** funds in the RSA-1 **STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _____ % of **trustee-to-trustee transfer** funds 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.

AUTHORIZATION

Signature of Employee _____ Date _____