



Incoming Transfer from Other Section 457 Plans to RSA-1

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

Type of Account: TRS ERS JRF Other

Your Information

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

Name _____
First Middle/Maiden Last

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

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

Employer _____

Previous 457 Plan Information

To be completed by Trustee receiving the transfer.

All items 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 _____

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

Contact Person _____ Telephone Number _____

Account Information _____ Qualified Transfer Amount \$ _____
Account Number with Trustee/Record Keeper

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

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. These funds do not represent a Required Minimum Distribution or Unforeseen Emergency Distribution.

Sign Here →
Trustee Official

Signature of Trustee Official _____ **Date** _____
Signature by Trustee Official affirms acceptance of transfer

Form Instructions

The **Your Information** section and **Signature Certification** section (on page 2) must be completed by the member.

The **Previous 457 Plan Information** section 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 the **Previous 457 Plan Information** section, sign the form, and return it to RSA-1 per the payment instructions below.

Once RSA-1 has received the completed form, RSA-1 will send a letter of acceptance to the Trustee Official/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, AL 36130-2150

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Submit this form in advance of the Trustee-to Trustee transfer of funds to RSA-1 in order to provide sufficient processing time.

Name _____ SSN _____

Signature Certification

I hereby authorize the Trustee Official/Record Keeper in the **Previous 457 Plan Information** section 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. These funds do not represent a Required Minimum 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 RSA-1 forms:

- DEFERRED COMPENSATION PLAN ENROLLMENT
- AUTHORIZATION TO DEFER COMPENSATION
- BENEFICIARY DESIGNATION
- 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 by RSA-1 prior to the Trustee-to-Trustee transfer.

If the signature of the previous plan official or information from the previous plan is not complete, it will delay the transfer.

Sign Here → Your Signature _____ Date _____

Member

State of _____, County of _____

Please have your signature acknowledged before a Notary Public.

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 _____



RSA-1 Investment Option Election for Incoming 457 Transfer

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Your SSN _____

Your Information

Name _____
First Middle/Maiden Last

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

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

Investment Option Election

I elect the following investment option for **trustee-to-trustee transfer funds**. You may elect to have 100% in the bond, stock, or short-term investment option election. You may also divide the percentages between the investment option, however, the percentages 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.

Signature Certification

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**.

Sign Here → Your Signature _____ Date _____