



# RSA-1 In-Service Transfer to Purchase Permissive Service Credit

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



## Your SSN

\_\_\_\_\_

Check One:  TRS  ERS  JRF

### Your Information

*A copy of the purchase letter must be attached.*

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 \_\_\_\_\_

### Member Authorization

Service Purchase Cost ID \_\_\_\_\_

I hereby authorize the transfer of a total of \$\_\_\_\_\_ from my RSA-1 Deferred Compensation Plan to the retirement system listed above for the purpose of purchasing permissive service credit as follows:

### Available Account Types

Regular Contributions Pre-Tax	457(b) Transfer Pre-Tax	DROP Rollover Pre-Tax
PLOP Rollover Pre-Tax	ERIP Rollover Pre-Tax	TSP Rollover Pre-Tax

List the account type(s) from which you wish to transfer funds for the purchase of service credit. Please specify either a dollar amount or "All" in each row. Selecting "All" will deplete the entire fund balance.

### Account Type Selection

Choose from the Available Account Types listed above.

List Account Type	Type of Funds	Dollar Amount		All
	Fixed Income		or	
	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

I authorize RSA-1 to transfer the funds noted in the Member Authorization section above to the retirement system indicated above for the purpose of purchasing permissive service credit.

**Sign Here →**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_ Seal

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

*This form, the form from your retirement system, and a copy of the eligibility letter specifying the amount and eligibility to purchase permissive service credit must be received by RSA-1 at least 15 working days prior to the payment due date in order to provide sufficient processing time.*