

**IN-SERVICE TRANSFER
TO PURCHASE PERMISSIVE SERVICE CREDIT
RSA-1 DEFERRED COMPENSATION PLAN**

Check One:

- ERS
- TRS

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. or PID** _____
First Middle/Maiden Last

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

City State Zip Code

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

PART II RETIREMENT SYSTEM INFORMATION

Name of Retirement System _____

Retirement System Address _____
Street or P. O. Box

City State Zip Code

Your Retirement System Account Number _____

PART III PAYMENT METHOD AND AUTHORIZATION

I hereby authorize the transfer a total of \$ _____ from my RSA-1 Deferred Compensation Plan to the retirement system listed in item II above for the purpose of purchasing permissive service credit as follows: (a copy of the Purchase letter must be attached)

Transfer \$ _____ from my **RSA-1 bond** account.

Transfer \$ _____ from my **Transfer bond** account.

Transfer \$ _____ from my **RSA-1 stock** account.

Transfer \$ _____ from my **Transfer stock** account.

Transfer \$ _____ from my **RSA-1 short term** account.

Transfer \$ _____ from my **Transfer short term** account.

Note: 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.

PART IV AUTHORIZATION AND SIGNATURE

I authorize the RSA-1 to transfer the funds noted in Part III to the retirement system noted in Part II for the purpose of purchasing permissive service credit.

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 _____