![RSA-1 OF ALABAMA]

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

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) _____

Employer _____

Retirement System Information	

Name of Retirement System _____

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

Telephone Number _____ Your Retirement System Account Number _____

Member Authorization	

A copy of the purchase letter must be attached.

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.

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:

Transfer $ _____ from my **RSA-1 FIXED INCOME** account.

Transfer $ _____ from my **RSA-1 EQUITY** account.

Transfer $ _____ from my **RSA-1 SHORT-TERM** account.

Transfer $ _____ from my **Transfer FIXED INCOME** account.

Transfer $ _____ from my **Transfer EQUITY** account.

Transfer $ _____ from my **Transfer SHORT-TERM** account.

Transfer $ _____ from my **TSP FIXED INCOME** account.

Transfer $ _____ from my **TSP EQUITY** account.

Transfer $ _____ from my **TSP SHORT-TERM** account.

Signature Certification	

I authorize the RSA-1 to transfer the funds noted in Member Authorization to the retirement system noted in Retirement System Information for the purpose of purchasing permissive service credit.

Sign Here ➔

Please have your signature acknowledged before a Notary Public.

Your Signature _____ **Date** _____

State of _____ , County of _____

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

Seal

Signature of Notary Public _____

My Commission Expires _____