



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

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:

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.

- Transfer \$ _____ from my **RSA-1 BOND** account.
- Transfer \$ _____ from my **RSA-1 STOCK** account.
- Transfer \$ _____ from my **RSA-1 SHORT-TERM** account.
- Transfer \$ _____ from my **Transfer BOND** account.
- Transfer \$ _____ from my **Transfer STOCK** account.
- Transfer \$ _____ from my **Transfer SHORT-TERM** account.
- Transfer \$ _____ from my **TSP BOND** account.
- Transfer \$ _____ from my **TSP STOCK** 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 → Your Signature _____ Date _____

Please have your signature acknowledged before a Notary Public.

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 _____