



# RSA-1 Request to Stop Required Minimum Distribution

Retirement Systems of Alabama  
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Participant SSN \_\_\_\_\_

## Participant 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) \_\_\_\_\_

## Participant Authorization

I wish to waive my 2020 Required Minimum Distribution (RMD) per the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

## Signature Certification

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_