



# RSA-1/PEIRAF Small Balance Distribution

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



Your SSN \_\_\_\_\_

Do not use this form if you are no longer publicly employed.

## Your Information

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) \_\_\_\_\_

## Distribution Information

The participant should review the SPECIAL TAX NOTICE REGARDING YOUR DISTRIBUTION. The participant should carefully read the conditions governing the Small Balance Distribution. Any Small Balance Distribution is governed by the provisions of the Internal Revenue Code, and the regulations governing section 457 Deferred Compensation Plans.

The Internal Revenue Service allows a **one-time** special cash-out provision if **all** of the following conditions are met:

1. The account balance is \$5,000 or less,
2. There have been **no deferrals** into the account for 24 months prior to the small balance distribution, and
3. There have been **no prior distributions** other than hardship distributions.

## Signature Certification

I hereby make application for the full distribution of my deferred compensation fund under the one-time small balance distribution. Distributions are subject to federal and state income tax. I understand that once this small balance distribution has been used, it cannot be used again.

**I understand that I may not make deferred contributions to this plan until after one full year from this small balance distribution.**

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

*Member*

*Please have your signature acknowledged before a Notary Public.*

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

I, \_\_\_\_\_, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Sign Here →** Payroll Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

*Employer*

Name and Title \_\_\_\_\_

Please Print

Telephone Number \_\_\_\_\_