



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

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

Telephone Number _____ Email Address _____

Date of Birth _____ Sex Male Female PID (optional) _____

Distribution Information

Full adherence by all parties to the Internal Revenue Code and Regulations governing Section 457 deferred compensation plans is required for the plan to remain eligible. If the plan is not operated in compliance with the Internal Revenue Code and Regulations, the tax benefits of the plan can be denied to all participants in the plan. For this reason, the participant should carefully read the conditions governing the Small Balance Distribution.

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 defer to this plan until after one full year from this small balance distribution.

Sign Here → Your Signature _____ Date _____

Member

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_____.

Signature of Notary Public _____

Seal

My Commission Expires _____

Sign Here → Payroll Officer Signature _____ Date _____

Employer

Name and Title _____
Please Print

Telephone Number _____



RSA-1 Participant Federal Tax Withholding

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



Participant SSN

Type of Account: PEIRAF RSA-1

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) _____

Withholding Percentage

Percentages must be in whole numbers.

Check one:

Please withhold the following percentage from my PEIRAF or RSA-1 distribution check:

_____ %

I want to have federal withholding tax calculated using my marital status and the number of exemptions claimed.

You must complete both lines A and B.

A. Marital Status Single Married Married, but withhold at a higher Single rate

B. Total Exemptions Claimed: _____ (if blank, we will assume zero (0))

Personal income tax questions should be directed to your tax advisor, accountant, or Internal Revenue Service Center.

Signature Certification

Please see Tax Withholding Information below.

Sign Here → Your Signature _____ Date _____

Distributions are subject to the Internal Revenue Service tax withholding rules applicable to qualified plans:

FOR PARTIAL OR FULL LUMP SUM DISTRIBUTIONS THAT ARE ROLLOVER ELIGIBLE

For lump-sum distributions and partial lump-sum distributions that are eligible for rollover distribution, federal law requires a minimum of 20% tax withholding. For partial or full lump sum distributions that are not rollover eligible, the participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

FOR PERIODIC DISTRIBUTIONS WHICH ARE LESS THAN TEN YEARS IN DURATION AND ARE ROLLOVER ELIGIBLE

Federal law requires a minimum of 20% tax withholding. For periodic distributions which are less than ten years in duration and are not rollover eligible, the participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

FOR PERIODIC DISTRIBUTIONS WHICH ARE TEN YEARS OR MORE IN DURATION

The participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, the distribution will subject to tax withholding calculated under federal tax law as married with three exemptions.

FOR FINANCIAL HARDSHIP DISTRIBUTIONS

The participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

FOR SMALL BALANCE DISTRIBUTIONS

The participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

FOR PAYMENTS TO NON-RESIDENT ALIENS

Federal law requires a minimum of 30% tax withholding.