



# Purchase Transfer Request

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

This form is only required if you are transferring funds to the RSA for a service purchase. You do not need to complete this form if you are paying by personal check.

Name \_\_\_\_\_  
First Middle/Maiden Last  
Mailing Address \_\_\_\_\_  
Street or P.O. Box Apt.# City State ZIP Code  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ PID \_\_\_\_\_

### Plan Information

To be completed by Plan Representative  
A copy of the purchase letter must be attached.

The Retirement Systems of Alabama accepts transfers from qualified and tax-deferred plans provided that the amount transferred does not exceed the cost of the purchase. If a Transfer Acceptance Letter is needed, please contact the Retirement Systems of Alabama.

Plan Type:  
 RSA-1  IRC 457  IRC 403(b)  IRA  Conduit IRA  IRC 401

Amount of Transfer Requested \$ \_\_\_\_\_

Name of Company Transferring Funds \_\_\_\_\_

Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Qualified Transfer Amount: \_\_\_\_\_

**Sign Here →**  
Plan Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Signature Certification

This form must be used if you are electing to transfer funds from a qualified and tax-deferred plan for the purchase of service in the Employees' Retirement Systems or Teachers' Retirement System of Alabama, which qualify as 401(a) Defined Benefit Plans. You must contact your investment company to begin the transfer process.

**Sign Here →**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

# Purchase Transfer Request

## Instructions

This form is to be used for the transfer of funds to purchase permissive service credit; the RSA cannot request the transfer of funds on your behalf. Permissive service is service that, by law, is eligible to be purchased by a member of the Retirement Systems of Alabama. The purchase payment must be submitted to the RSA prior to the purchase deadline provided in the purchase letter. Most plans have minimum processing requirements that must be taken into account regarding the remittance of your payment; it generally takes several weeks for a plan to complete a transfer of funds.

If a member purchases credit for service based on an estimated cost, the member's account will be audited after the end of the plan year to ensure compliance with the law. If the actual cost for the service credit exceeds the estimated remitted payment amount, an additional payment from the member will be required to maintain credit for the service. If the estimated remitted payment amount exceeds the actual cost for the service credit, the member will be issued a refund.

## Steps to Transfer Funds to the RSA

1. The member must complete the PURCHASE TRANSFER REQUEST form, with the exception of the Plan Information section, and have the signature witnessed by a Notary Public.
2. The member must submit the completed form to the plan from which the funds are to be transferred, along with a copy of the service purchase letter.
3. The plan representative must complete the Plan Information section of the PURCHASE TRANSFER REQUEST form and then forward the following items to the RSA at the address shown at the top of the previous page:
  - a. the completed form,
  - b. the payment, and,
  - c. a copy of the service purchase letter.

This must be completed prior to the purchase deadline.

4. If a member is making direct payment for the remainder of the cost, the member should remit the payment, along with a copy of the purchase letter, directly to the RSA at the address shown at the top of the previous page.

## Note for RSA-1 Participants

If your payment is being transferred from your RSA-1 Deferred Compensation Account, submit this form to RSA-1 at least fifteen (15) working days prior to the purchase date. You will additionally be required to complete the RSA-1 IN-SERVICE TRANSFER FORM TO PURCHASE PERMISSIVE SERVICE CREDIT (Form RSA-1\_PURSVC). You can download the form from the website [www.rsa-al.gov](http://www.rsa-al.gov) or contact RSA-1 at 877.517.0020 or 334.517.7000 to have it mailed to you.



# 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  JRF

### Your Information

*A copy of the purchase letter must be attached.*

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) \_\_\_\_\_

Employer \_\_\_\_\_

### Member Authorization

Service Purchase Cost ID \_\_\_\_\_

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:

### Available Account Types

Regular Contributions Pre-Tax	457(b) Transfer Pre-Tax	DROP Rollover Pre-Tax
PLOP Rollover Pre-Tax	ERIP Rollover Pre-Tax	TSP Rollover Pre-Tax

List the account type(s) from which you wish to transfer funds for the purchase of service credit. Please specify either a dollar amount or "All" in each row. Selecting "All" will deplete the entire fund balance.

### Account Type Selection

Choose from the Available Account Types listed above.

List Account Type	Type of Funds	Dollar Amount		All
	Fixed Income		or	
	Equity		or	
	STIF		or	
	Fixed Income		or	
	Equity		or	
	STIF		or	
	Fixed Income		or	
	Equity		or	
	STIF		or	
	Fixed Income		or	
	Equity		or	
	STIF		or	

### Signature Certification

I authorize RSA-1 to transfer the funds noted in the Member Authorization section above to the retirement system indicated above for the purpose of purchasing permissive service credit.

**Sign Here →**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

*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.*