



Request to Fax Account Information

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



RSA Fax Numbers: 877.517.0021 or 334.517.7001

Applicable Accounts: TRS ERS JRF RSA-1 SNU Supernumerary members only

Member Information

Name _____
First Middle/Maiden Last

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

Telephone Number _____ Email Address _____

Last 4 digits of SSN _____ or PID _____

Direct to the Attention of

Name _____
Member Services or a Specific Agent Name

Information Requested

Verification of income/monthly benefit
 Certification of retirement account balance
 Certification of DROP account balance
 Current year 1099R
 Prior year 1099R, list tax years: _____
 Other _____

Change of Address

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

Return Fax Instructions

Fax Number _____
Where to send requested information, please include area code

To the attention of _____
Name

Company/Agency/Business Name _____

Signature Certification

I authorize an RSA Member Services' agent(s) to fax the above named document to the return fax number indicated. I am aware the faxed documents may contain sensitive account or personal information.

Sign Here → Your Signature _____ Date _____
Cannot complete request without signature of member or Power of Attorney, if applicable