



# Request to Fax/Email 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      RSA Email Address: member.services@rsa-al.gov**

**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 \_\_\_\_\_

Date of Birth \_\_\_\_\_

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 Instructions

Check one:

Fax

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

To the attention of \_\_\_\_\_  
Name

Company/Agency/Business Name \_\_\_\_\_

Email

Email Address \_\_\_\_\_

### Signature Certification

I authorize an RSA Member Services' agent(s) to fax or email the above named document to the return fax number/email address indicated. I am aware the faxed/emailed 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