REQUEST FOR DROP DISTRIBUTION AND ROLLOVER ELECTION

Retirement Systems of Alabama
P. O. Box 302150 • Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Please type or print using black ink.

PART I MEMBER INFORMATION

Name: ___________________________________________ Social Security No.: ________-____-______
First Middle Last

Address: ___________________________________________ Home Phone Number: (_______)
Street Address or P. O. Box

City State Country Zip

PART II DISTRIBUTION OPTION (Please read the enclosed special tax notice before completing the remainder of this form.)

Select only one of the following:

☐ Lump Sum Payment: I elect to receive (at the above address) full distribution of my DROP account, less the 20% Federal Income Tax withholding required. Sign and have your signature notarized. Submit the form to the RSA at the address above. Do not complete Part III.

☐ I elect to have the entire DROP account balance rolled over into an eligible retirement account listed under Part III.

☐ I elect to have ________% of the taxable funds rolled over to an eligible retirement account listed under Part III. The remaining taxable funds will be paid to me less the required 20% Federal Income Tax Withholding. Any non-taxable funds will be paid directly to me with no federal withholding.

List the eligible retirement plan you have elected to have your funds rolled into:

☐ RSA-1 or ☐ Other: ____________________________

Note: If you have all or a portion of your DROP account rolled over into an eligible retirement account, you must sign and have your signature notarized before sending this form to your Trustee to complete Part III.

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Your Rollover Options prior to signing this certification.

Signature ________________________________________ Date __________________________

STATE OF ________________________________, COUNTY OF ________________________________

On this _____ day of ________________________________, 20____ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Signature of Notary Public _______________________

Seal __________________ My Commission Expires ____________________________

PART III TRUSTEE INFORMATION is on the reverse side of this form.
PART III TRUSTEE INFORMATION (To be completed by Trustee receiving the rollover)

Member Name: ___________________________ Social Security No.: _______ - _______ - _______
First  Middle        Last

Trustee Name: ___________________________ Account Number: ________________

Contact Person: ___________________________ Phone No.: (____) _____________

Address: ____________________________________________
Street Address or P. O. Box  City  State  Zip

☐ Plan accepts non-taxable funds.
☐ Plan does not accept non-taxable funds.

Type of account into which money will be rolled over:

☐ 401 Qualified Retirement Plan  ☐ 403(a) Annuity Contracts  ☐ 403(b) Tax Sheltered Annuity
☐ 408(a) Individual Retirement Account  ☐ 408(b) Individual Retirement Annuity  ☐ Governmental Deferred Compensation Plans (IRC 457)
☐ Roth IRA

An Education IRA is not an eligible plan.

Signature of Trustee Official_________________________________________  Date: ________________

Please submit the completed form to the RSA at the address on the front of this form.