



Request for DROP Distribution and Rollover Election

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

Read the enclosed SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS before completing the remainder of this form.

Name _____
First Middle/Maiden Last

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

Telephone Number _____ Email Address _____

Date of Birth _____

Distribution Information

Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, punishable by a fine up to \$500 and/or imprisonment not to exceed one year.

Select **only one** distribution option:

Lump Sum Payment

I elect to receive (at the above address) my full DROP distribution. Submit form W-4R WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS to designate your federal tax withholding rate. If you do not submit this form, we are required by the IRS to withhold federal tax on taxable funds at the minimum rate of 20%. Sign and have your signature notarized. **Do not complete the Trustee Information Section.**

I elect to have the **entire DROP distribution rolled over** to an eligible retirement account listed under the Trustee Information Section.

I elect to have _____% of the taxable funds rolled over to an eligible retirement account listed under the Trustee Information Section. Submit form W-4R WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS to designate your federal tax withholding rate for funds that are paid directly to you. If you do not submit this form, we are required to withhold federal tax at the minimum rate of 20%. Any non-taxable funds will be paid directly to you with no federal withholding.

List the eligible retirement plan you have elected to have your funds rolled into: RSA-1 Other _____

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

Signature Certification

I certify that I have received the printed explanation entitled SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS prior to signing this certification.

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 _____

Trustee Information

To be completed by Trustee receiving the rollover.

Trustee Name _____ Account Number _____

Contact Person _____ Telephone Number _____

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

Type of account into which money will be transferred: (An Education IRA is **not** an eligible plan)

401 Qualified Retirement Plan 403(a) Annuity Contracts 403(b) Tax Sheltered Annuity Roth IRA

408(a) Individual Retirement Account 408(b) Individual Retirement Annuity Governmental Deferred Compensation Plans (Traditional IRA) (IRC 457)

Plan accepts non-taxable funds? Yes No

Signature of Trustee Official _____ Date _____

Signature by Trustee Official affirms acceptance of transfer