RSA-1 Deferred Compensation Plan

P.O. Box 302150
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020
www.rsa-al.gov

Enrollment Forms

- RSA-1 Enrollment (Submit to RSA-1)
- Beneficiary Designation (Submit to RSA-1) — Can also be used for change of beneficiary.
- Investment Option Election For New Accounts (Submit to RSA-1)
- Authorization to Defer Compensation (Submit to your payroll office)
RSA-1 Deferred Compensation Plan Enrollment
Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

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Your Information

Name
FirstMiddle/MaidenLast
Address
Street or P.O. BoxCityStateZIP Code
Telephone NumberEmail Address
Date of BirthSex Male Female

Employer Information

EmployerAgency Name
AddressStreet or P.O. BoxCityStateZIP Code
Telephone NumberEmail Address

My current status is:

- Employees’ Retirement System (ERS) member
- Judicial Retirement Fund (JRF) member
- Teachers’ Retirement System (TRS) member
- I am not a member of ERS, TRS, or JRF

Signature Certification

Please read carefully as the following statements will apply to your RSA-1 account:

I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).

I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).

I will complete an AUTHORIZATION TO DEFER COMPENSATION form and deliver it to my payroll officer to begin deferrals. It takes at least two weeks to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION forms.

I understand that I may not withdraw this account unless I meet one of the following conditions:

1. Separation from service through retirement or termination from employment
2. The attainment of age 72
3. Unforeseeable emergency (must be approved by Plan Administrator)
4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here ➔ Your Signature______________________________ Date______________________________
Your SSN

Type of Account:  ☐ PEIRAF  ☐ RSA-1

Name

Middle/Maiden

Last

Address

Street or P.O. Box

City

State

ZIP Code

Telephone Number

Email Address

Date of Birth

Sex  ☐ Male  ☐ Female

Designation of Primary Beneficiary(ies)

I hereby designate the following person(s) as my PRIMARY BENEFICIARY(IES) to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name ___________________________ Relationship ___________________________ Date of Birth ___________________________

Address ___________________________

Street or P.O. Box

City

State

ZIP Code

Social Security Number ___________________________ Sex  ☐ Male  ☐ Female

Name ___________________________ Relationship ___________________________ Date of Birth ___________________________

Address ___________________________

Street or P.O. Box

City

State

ZIP Code

Social Security Number ___________________________ Sex  ☐ Male  ☐ Female

Name ___________________________ Relationship ___________________________ Date of Birth ___________________________

Address ___________________________

Street or P.O. Box

City

State

ZIP Code

Social Security Number ___________________________ Sex  ☐ Male  ☐ Female

☐ Check if contingent beneficiary information is continued on the back of this form.

Signature Certification

Sign Here

Please have your signature acknowledged before a Notary Public.

Your Signature ___________________________ Date __________

State of ___________________________ , County of ___________________________

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 ___________________________
Designation of Contingent Beneficiary(ies)

In the event the primary beneficiary(ies) designated above does not survive me, I hereby designate the following person(s) as my CONTINGENT BENEFICIARY(IES) to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name ___________________________ Relationship ______________ Date of Birth ______________

Address ____________________________________________________________

Street or P.O. Box City State ZIP Code

Social Security Number ___________________________ Sex □ Male □ Female

Name ___________________________ Relationship ______________ Date of Birth ______________

Address ____________________________________________________________

Street or P.O. Box City State ZIP Code

Social Security Number ___________________________ Sex □ Male □ Female

Name ___________________________ Relationship ______________ Date of Birth ______________

Address ____________________________________________________________

Street or P.O. Box City State ZIP Code

Social Security Number ___________________________ Sex □ Male □ Female

Name ___________________________ Relationship ______________ Date of Birth ______________

Address ____________________________________________________________

Street or P.O. Box City State ZIP Code

Social Security Number ___________________________ Sex □ Male □ Female

*Page two must be signed if any contingent beneficiary information is submitted on this side of the form.
Your Information

Name ____________________________________________ First _______ Middle/Maiden _______ Last ____________
Address __________________________________________ Street or P.O. Box __________________ City ________ State __________ ZIP Code ____________
Telephone Number __________________________ Email Address __________________________
Date of Birth __________________________ PID (optional) __________________________

RSA-1 Accounts Only

I elect the following investment option for future deferrals. You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _________________ % of new deferrals in the RSA-1 BOND investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

Invest _________________ % of new deferrals in the RSA-1 STOCK investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _________________ % of new deferrals in the RSA-1 SHORT-TERM investment option. The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. government agency notes with a maturity of one year or less.

DROP/PLOP/ERIP Rollover Accounts Only

I elect the following investment option for:
Check one: □ DROP □ PLOP □ ERIP

You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _________________ % of funds in the RSA-1 BOND investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

Invest _________________ % of funds in the RSA-1 STOCK investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _________________ % of funds in the RSA-1 SHORT-TERM investment option. The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. government agency notes with a maturity of one year or less.

Signature Certification

I understand the following regarding this investment option election:

My election must be made prior to the funds being submitted or transferred. My election can be made once every 90 days. My election will remain in effect until a subsequent election is made, but it must remain in effect for 90 days.

Sign Here ➔ Your Signature __________________________ Date ____________
Your SSN  ____________________________________________________________

Use this form to begin, restart, increase/decrease, or stop deferral amounts.

Name ___________________________________ First ____________________________ Middle/Maiden ____________________________ Last ____________________________

Address ________________________________________________________________ Street or P.O. Box ____________________________ City ____________________________ State ____________________________ ZIP Code ____________________________

Telephone Number ____________________________ Email Address ____________________________

Date of Birth ____________________________ Sex  ■ Male  □ Female

Specify one of the following:

☒ New Enrollment  ☐ Restart  ☐ Sick/Annual Leave

☒ Increase Deferrals  ☐ Decrease Deferrals  ☐ Stop Deferrals

If enrolling in RSA-1, please make certain that your RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION forms have been submitted to the RSA-1 Deferred Compensation Plan before submitting this form to your Payroll Officer. Note the following exception: If stopping deferrals due to financial hardship, your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Distribution Request.

1. Please defer $ ____________________________ per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. If stopping deferrals, enter zero (0) for the dollar amount.

2. Effective date* ____________________________ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.

3. If you are deferring payments for Sick or Annual Leave (must be enrolled), please indicate the amounts below:

   Please defer $ ____________________________ of my payment for unused Sick Leave to RSA-1.

   Please defer $ ____________________________ of my payment for unused Annual Leave to RSA-1.

Signature of Employee

Sign Here

Your Signature ____________________________________________ Date ____________________________

Payroll Officer Information

Only if submitting a Financial Hardship Distribution Request or a Distribution Request.

Payroll Officer Signature ____________________________________________ Date ____________________________

Name and Title ____________________________________________________________ Please Print

Payroll Officer Telephone ____________________________ Email Address ____________________________

Date Deferrals Stopped ____________________________

*Please submit all required enrollment forms to RSA-1. Contributions received by RSA-1 without executed enrollment forms will be refunded.