

RSA-1 ENROLLMENT RSA-1 Deferred Compensation Plan

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

Name _____
First Middle/Maiden Last

Address _____
Street or P. O. Box

City State Zip Code

Social Security Number _____ **Sex** ☐ Male
☐ Female

Date of Birth _____
Month Day Year

Phone Number _____ **Email Address** _____

Employer _____ **Employer Phone No.** _____
Agency Name

Street or P. O. Box City State Zip Code

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.

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 form and deliver it to **my payroll officer** to begin deferrals. It takes at least two weeks for RSA-1 to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION forms. **This does not apply to DROP accounts.**
- 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 70½
 3. Unforeseeable emergency (must be approved)
 4. Cash-out provision for small account balances

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 RSA-1 Member Handbook.

Signature _____ **Date** _____