RSA-1 ADC
07/10

AUTHORIZATION TO DEFER COMPENSATION
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

****COMPLETE AND SUBMIT TO PAYROLL OFFICER****
Please type or print using black ink.

- Use this form to begin, stop, or change deferral amounts.
- **DO NOT SUBMIT THIS FORM TO RSA-1 OR THE RETIREMENT SYSTEMS OF ALABAMA if you are beginning, stopping, or changing deferral amounts (unless you meet the exception in bullet 4).**
- If enrolling in RSA-1, please make certain that your notarized **Member Record** form has 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 an unforeseeable emergency, 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.

TO: Payroll Officer

FROM: _____ _____ _____
First Middle/Maiden Last

Social Security Number: ___ - ___ - ___

Please defer $ _____ from my salary as selected below and remit this amount to the RSA-1 Deferred Compensation Plan. If stopping deferrals, enter zero (0) for the dollar amount.

Deferral Frequency (Check one): ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly

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.

Signature of Employee _____ Date: _____

Signature of Payroll Officer _____ _____
(only if stopping deferrals due to unforeseeable emergency) Date Deferrals Stopped