

# MEMBER RECORD ENROLLMENT IN THE 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](http://www.rsa-al.gov)

Please type or print using black ink. All changes to this form must be initialed.

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P. O. Box

City State Zip Code

Social Security Number - - Sex  Male  Female Date of Birth / /

Employer \_\_\_\_\_  
Agency Name Street or P. O. Box City State Zip Code

Daytime Phone ( ) Job Title \_\_\_\_\_

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 check one:  I am currently receiving a monthly benefit from RSA-1.  
 I am not currently receiving a monthly benefit from RSA-1.

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

- The RSA-1 Member Handbook will be mailed to you upon receipt of this form. I agree that I will be bound by the terms and conditions set forth in the handbook.
- I elect to participate in the RSA-1 Deferred Compensation Plan and consent to have a part of my compensation deferred in accordance with Section 457 of the Internal Revenue Code.
- I have designated my beneficiaries on the separate BENEFCIARY DESIGNATION form.
- I have completed an INVESTMENT OPTION ELECTION form.
- I will complete an AUTHORIZATION TO DEFER form and deliver it to my payroll officer to begin deferrals.
- 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 70 ½
  3. Unforeseeable emergency
  4. Cash-out provision for small account balances
- I understand that I may use my RSA-1 funds to purchase permissive service credit with a governmental defined benefit plan such as ERS and TRS.
- I understand that I may roll over my RSA-1 funds to a Section 401(k), 403(b), 457 plan or a Traditional IRA if I am eligible to take a distribution.

Your signature affirms your understanding of each of these statements concerning your RSA-1 account.

Signature of Employee in the presence of Notary \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Before me appeared \_\_\_\_\_, known to me to be the person who subscribed to the foregoing instrument on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Seal My Commission Expires \_\_\_\_\_