RSA-1EN 11/06

INVESTMENT OPTION ELECTION
FOR NEW MEMBERS

RSA-1 Deferred Compensation Plan

Retirement Systems of Alabama
P. O. Box 302150 • Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-7158

Please Type or Print Using Black Ink

Upon completion and notarization of this form, send to the RSA-1 Deferred Compensation Plan at the above address in order to establish your account.

Name: _____
First Middle/Maiden Last

_____ - _____ - _____
Social Security Number

Address: _____
Street or P. O. Box

Daytime Phone No.: _____

_____
City State Zip Code

Date of Birth: _____
Month/Day/Year

I understand the following regarding this investment option election:

- My election must be made by ***the first of the month following the date*** the AUTHORIZATION TO DEFER COMPENSATION form is submitted to my payroll office to be effective for deferrals during the next 365 days.
- My election can be made *once every 365 days.*
- My election will *remain in effect until a subsequent election is made, but it must remain in effect for 365 days.*
- I realize that I may stop deferrals at any time; however, the election will remain in effect if I subsequently resume deferrals.
- My election will apply to the amount deferred on or after the effective date of this election (New Deferrals).

I elect the following to be effective for the current calendar year, regarding ***future deferrals***:

☐ Invest _____ **%** of new deferrals in the RSA-1 ***fixed*** investment option **with the remaining percentage** invested in the ***stock*** investment option. If you wish to invest ***all*** of your future deferrals in the fixed investment option, enter 100%.

☐ Invest _____ **%** of new deferrals in the RSA-1 ***stock*** investment option **with the remaining percentage** invested in the ***fixed*** investment option. If you wish to invest ***all*** of your future deferrals in the stock investment option, enter 100%.

_____
Date

_____
Signature of Employee in the presence of a Notary Public

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____.

(Seal)

_____
Signature of Notary Public

_____
My Commission Expires