

INVESTMENT OPTION ELECTION
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

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

Name _____
First Middle/Maiden Last

Social Security No. _____ - _____ - _____ Date of Birth _____ / _____ / _____
Month Day Year

If Member is Deceased, Provide Beneficiary Name

_____ First Middle/Maiden Last

Beneficiary Social Security No. _____ - _____ - _____ Beneficiary Date of Birth _____ / _____ / _____
Month Day Year

Address: _____
Street or P. O. Box

City State Zip Code

Email Address _____ Daytime Phone No. (____) _____

I understand the following regarding this investment option election for my account:

- My Investment Option Election form **MUST BE POSTMARKED OR DELIVERED** to RSA-1 **at least 30 days prior** to the effective date of the election. **Elections are effective on the first day of each month.** For example, if my election is to be effective March 1, my election must be made by February 1.
- My election can be made only once every **365 days** after the **effective date of my last election.**
- My election will remain in effect until a subsequent eligible 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 later resume deferrals.
- My election can apply to:
 - The entire balance, a percentage of the balance, or a designated dollar amount of the balance in my account.
 - The entire amount of deferrals or a specified percentage of deferrals on or after the effective date of this election.
- **If I do not make an election, there will be NO change in the manner in which my balance is invested. My account balance as well as new deferrals will be invested as they are currently.**

I elect the following to be effective regarding my Account Balance (check only one):

- | | |
|--|--|
| <input type="checkbox"/> Transfer _____% of the previous month-end balance in my RSA-1 fixed investment option to the RSA-1 stock investment option. | <input type="checkbox"/> Transfer _____% of the previous month-end balance in my RSA-1 stock investment option to the RSA-1 fixed investment option. |
| <input type="checkbox"/> Transfer \$ _____ from my RSA-1 fixed investment option to the RSA-1 stock investment option. | <input type="checkbox"/> Transfer \$ _____ from my RSA-1 stock investment option to the RSA-1 fixed investment option. |

I elect the following to be effective regarding Future Deferrals:

- Invest _____% of new deferrals in the RSA-1 **fixed** investment option.
- Invest _____% of new deferrals in the RSA-1 **stock** investment option.

Signature of Member/Beneficiary in the presence of Notary _____ Date _____

STATE OF _____, COUNTY OF _____

On this ____ day of _____, 20____ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Seal

Signature of Notary Public _____

My Commission Expires _____