



RSA-1 and PEIRAF Beneficiary Designation

Retirement System of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

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Type of Account: ☐ PEIRAF ☐ RSA-1

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by RSA.

Name _____
First Middle/Maiden Last
Address _____
Street or P.O. Box City State ZIP Code
Daytime Telephone _____ Email Address _____
Date of Birth _____ Sex ☐ Male ☐ Female
☐ Check if beneficiary information is continued on the back of this form.

Designation of Primary Beneficiary(ies)

I hereby designate the following person(s) as my primary beneficiary(ies) to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female

Designation of Contingent Beneficiary(ies)

In the event the primary beneficiary(ies) designated above does **not** survive me, I hereby designate the following person(s) as my contingent beneficiary(ies) to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female

Signature Certification

Sign Here →

Your Signature _____ Date _____

Please have your signature acknowledged before a Notary Public.

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Seal

Signature of Notary Public _____

My Commission Expires _____

RSA-1 and PEIRAF Beneficiary Designation

If completing this side of the form, do not forget to sign at the bottom.

Name _____ SSN

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Designation of Primary Beneficiary(ies) Continued

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Designation of Contingent Beneficiary(ies) Continued

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Sign Here → Your Signature _____ Date _____

**Page two must be signed if any beneficiary information is submitted on this side of the form.*