RSA-1 Deferred Compensation Plan Enrollment
Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your Information

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

Employer Information

Employer _______________________________________________________
Agency Name ___________________________________________________

Address _______________________________________________________
Street or P.O. Box ___________ City ___________ State ___________ ZIP Code ___________

Daytime Telephone (__________) __________________________ Email Address _______________________________________

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

Signature Certification

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

• I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).
• I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).
• I will complete an AUTHORIZATION TO DEFER form and deliver it to my payroll officer to begin deferrals. It takes at least two weeks for RSA-1 to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION FORMS. This does not apply to DROP accounts.
• 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 (must be approved by Plan Administrator)
  4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here ➔ Your Signature ___________________________ Date ___________