RSA-1 PEIRAF BEN 07/11

## BENEFICIARY DESIGNATION RSA-1 & PEIRAF

Type of Account:

☐ PEIRAF
☐ RSA-1

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

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ddress		0:			
		Stree	t or P. O. Box		
City		State		Zip Code	
ocial Security Number	•		Phone	Number	
) Check if Benefi	ciary informat	tion is continued on th	e back of t	this form.	
SIGNATION OF PRIM	ARY BENEFICIA	ARY(IES)			
	ollowing person(		ary(ies) to re	eceive any benefit that may become	e due at or after r
ame:		Relationship	:	Date of Birth:	
	Address:				mm/dd/yyyy
Social Security Number	Address	Street or P. O. Box	City	State	Zip Code
ıme:		Relationship	:	Date of Birth:	
	Address:				mm/dd/yyyy
Social Security Number	Address	Street or P. O. Box	City	State	Zip Code
ıme:		Relationship	:	Date of Birth:	
		-			mm/dd/yyyy
Social Security Number	Address:	Street or P. O. Box	City	State	Zip Code
	INDENT D				
ESIGNATION OF CONT		<u> </u>			
				designate the following person(s) according to the terms of the Plan.	as my continge
• • •	•	•	·		
		·	·	Date of Birth:	mm/dd/yyyy
Social Security Number	Address:	Street or P. O. Box	City	State	Zip Code
			•		·
ame:		Relationship	:	Date of Birth:	mm/dd/yyyy
	Address:		0':		
Social Security Number		Street or P. O. Box	City	State	Zip Code
ame:		Relationship	:	Date of Birth:	mm/dd/yyyy
	Address:				****
Social Security Number		Street or P. O. Box	City	State	Zip Code
anatura				Doto	
_		COUNTY OF			
		, COUNTY OF		, known to me to be the person wh	no subscribed to th
		y of			เบ อนมอบเมษน เป แก
- 3 3 3 3 3 3 3	dd	·/	, _~	<del>_</del>	
		Signature of Notary Pu	blic		
		-			

My Commission Expires

RSA-1 PEIRAF Ben 06/11 Page 2 of 2

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

	V BENEFICIARIE	s (Continued)			
Designation of PRIMAR Name:				Data of	Rinth:
				Date of	mm/dd/yyyy
Social Security Number	Address: _	Street or P. O. Box	City	State	Zip Code
Name:		Relationship:		Date of	Birth:
	Address:				mm/dd/yyyy
Social Security Number	/.dd/.0001 _	Street or P. O. Box	City	State	Zip Code
Name:		Relationship:		Date of	Birth:
	Address:				mm/dd/yyyy
Social Security Number		Street or P. O. Box	City	State	Zip Code
Name:		Relationship:		Date of	Birth:
	Address:				mm/dd/yyyy
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		Street or P. O. Box	City	State	Zip Code
DESIGNATION OF CONTING Contingent Beneficiaries will Name:	GENT BENEFIC	IARIES (Continued) conly if all Primary Bener	ficiaries are dec	ceased Date of	Birth: mm/dd/yyyy
DESIGNATION OF CONTING Contingent Beneficiaries will Name: Social Security Number	GENT BENEFIC  I receive benefits  Address:	IARIES (Continued) conly if all Primary Bener Relationship: Street or P. O. Box	ficiaries are ded	ceased.  Date of  State	Birth: mm/dd/yyyy Zip Code
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DESIGNATION OF CONTINUCTOR CON	GENT BENEFIC I receive benefits Address: Address:	IARIES (Continued)  To only if all Primary Benerationship:  Street or P. O. Box  Relationship:  Street or P. O. Box  Relationship:  Relationship:	City	Ceased.  Date of  State  Date of  State	Birth:
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DESIGNATION OF CONTINU Contingent Beneficiaries will Name: Social Security Number Name: Social Security Number	GENT BENEFIC Il receive benefits Address: _ Address: _	IARIES (Continued)  only if all Primary Benerationship:  Street or P. O. Box  Relationship:  Street or P. O. Box  Relationship:  Street or P. O. Box  Relationship:	City  City	State  State  Date of  State  Date of  State  State	Birth:

<sup>\*</sup>Page two must be signed if any beneficiary information is submitted on this side of the form.