ANNUAL INVESTMENT OPTION ELECTION
DROP ROLLOVER OR 457 TRANSFER
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

Check one: ☐ DROP Rollover   ☐ 457 Transfer

Name _____
First   Middle/Maiden   Last

Social Security Number _____   **Date of Birth** _____
Month   Day   Year

Only if Member is Deceased, Provide Beneficiary Name _____
First   Middle/Maiden   Last

Beneficiary Social Security Number _____   **Beneficiary Date of Birth** _____
Month   Day   Year

Address _____
Street or P. O. Box

_____
City   State   Zip Code

Email Address _____   **Phone Number** _____

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.
- My election can apply to the entire balance, a percentage of the balance, or a designated dollar amount of the balance in my account.

I elect the following for my account (check only one):

☐ Transfer _____ % of the month-end balance in my **fixed** investment option to the **stock** investment option.

☐ Transfer **$** _____ from my **fixed** investment option to the **stock** investment option.

☐ Transfer _____ **%** of the month-end balance in my **stock** investment option to the **fixed** investment option.

☐ Transfer **$** _____ from my **stock** investment option to the **fixed** investment option.

Signature of Member or Beneficiary if Member is Deceased _____   **Date** _____

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____.

Signature of Notary Public _____

Seal   My Commission Expires _____