RSA PUR TRAN 09/11

* THIS FORM IS NOT REQUIRED IF NOT TRANSFERRING FUNDS. *

PURCHASE TRANSFER REQUEST

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

This form must be used if you are electing to transfer funds from a qualified and tax-deferred plan for the purchase of service in the Employees' Retirement System or Teachers' Retirement System of Alabama, which qualify as 401(a) Defined Benefit Plans. You must contact your investment company to begin the transfer process.

PART I MEMBER INFORMATION

Employees' Retirement System	□ Teachers	' Retirement Sys	stem				
Social Security No.:		Account No.:					
Name: First Middle	Maiden	Last	Date of Birth:	Mo. Day Year			
Address:Street Address or P. O. Box		City	State	Zip Code			
Home Telephone Number: ()		Work Telephon	e Number: <u>(</u>)			
Amount of Transfer Requested: \$	(A	copy of the purc	chase letter must be at	tached.)			
Signature of Participant		Date					
STATE OF ALABAMA, COUNTY OF On this day of named individual and made oath that the stat	, 20 tements mad), persona le therein are tr	ue.				
(seal)	-	ommission Expires					
PART II PLAN INFORMATION (To be completed by F	Plan Represe	ntative)					
The Retirement Systems of Alabama accepts transferred does not exceed the cost of the pure Retirement Systems of Alabama.							
Type Plan: RSA-1 IRC 457	□ IRC 403(b)	🗆 IRA	Conduit IRA	□ IRC 401			
Name of Company transferring funds:		A	ccount Number:				
Contact Person:		Telephor	ne No.: <u>()</u>				
Address:Street Address or P. O. Box		City	State	Zip Code			
Qualified Transfer Amount:							
Signature of Plan Representative:			Date:				

IF YOU ARE PAYING BY PERSONAL CHECK OR MONEY ORDER, YOU DO NOT NEED TO COMPLETE THIS FORM.

- Member must complete Part I of the Purchase Transfer Request form.
- Member must sign the form, have the signature witnessed by a Notary Public, and submit the form to the plan from which the funds are to be transferred. The member should also include a copy of the service purchase letter with this form.
- The plan representative must complete Part II of the Purchase Transfer Request form. The completed form and the transferred funds should be sent to the RSA at the address shown at the top of the previous page.
- If the member is making direct payment for the remainder of the cost, the member should remit that payment along with a copy of the purchase letter directly to the RSA at the address shown at the top of the previous page.

This form must be submitted prior to the effective date of your service purchase. Most plans have minimum processing requirements that must be taken into account regarding the remittance of your payment; it generally takes several weeks for a plan to complete a transfer of funds.

Note for RSA-1 participants: If your payment is being transferred from your RSA-1 Deferred Compensation Account, submit this form to RSA-1 at least fifteen (15) working days prior to the purchase date. You will additionally be required to complete the RSA-1 IN-SERVICE TRANSFER FORM TO PURCHASE PERMISSIVE SERVICE CREDIT (Form RSA-1 PURSVC). You can download the form from the Web site <u>www.rsa-al.gov</u> or contact RSA-1 @ 877-517-0020 or 334-517-7000 to have it mailed to you.

This form is to be used for the purchase of permissive service credit. Permissive service is service that, by law, is eligible to be purchased by a member of the Retirement Systems.

If a member purchases credit for service based on an estimated cost, the member's account will be audited after the end of the fiscal year to ensure compliance with the law.

- 1. If the actual cost for the service credit exceeds the estimated remitted payment amount, an additional payment from the member will be required to maintain credit for the service.
- 2. If the estimated remitted payment amount exceeds the actual cost for the service credit, the member will be issued a refund.

IN-SERVICE TRANSFER TO PURCHASE PERMISSIVE SERVICE CREDIT 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: ERS TRS

PART I MEMBER INFORM	ATION						
Name			Social Securi	ty No			
First	Middle/Maiden	Last		.			
Home Address			Phone Numbe	er			
	Street or P. O. Box	Street or P. O. Box					
City	State	Zip Code	-				
Employer			Date of Birth				
p.e.je.				Month Day	Year		
PART II RETIREMENT SYS	STEM INFORMATION						
Name of Retirement Svs	tem						
	ress						
Retrement Oystem Add		Street or P. O. Box					
City		State			Zip Code		
•	m Account Number			_			
-							
PART III PAYMENT METH	OD AND AUTHORIZATION						
I hereby authorize the tran listed in item II above fo attached)	nsfer a total of \$ r the purpose of purchasing per	from my RSA-1 missive service cred	Deferred Comper it as follows: (a c	nsation Plan to the re copy of the Purchas	etirement system e letter must be		
Transfer \$	_ from my RSA-1 fixed account.	🗌 Tran	sfer \$	_ from my Transfer	fixed account.		
Transfer \$	_ from my RSA-1 stock account.	🗌 Tran	Transfer \$ from my Transfer stock account.				
	n from your retirement system, vice credit must be received by R ing time.						
PART IV AUTHORIZATION	I AND SIGNATURE						
I authorize the RSA-1 to permissive service credit.	transfer the funds noted in Part	III to the retirement	system noted in I	Part II for the purpo	se of purchasing		
Signature of RSA-1 Mem	nber			Date			
STATE OF	, County of						
	, 20				d for said County		
	eared before me, the above name						
instrument.							

Signature of Notary Public _____

My Commission Expires