RSA 10 D- 02/10 1M	d Re (REQUEST FOR DROP DISTRIBUTION AND ROLLOVER ELECTION Retirement Systems of Alabama P. O. Box 302150 • Montgomery, AL 36130-2150 334-517-7000 or 877-517-0020 www.rsa-al.gov								
Please type or print using black ink. PART I MEMBER INFORMATION										
Name:	First	Middle	Last	Social Security No.:	<u> </u>					
Address:		Street Address or P. O. Box	κ	_ Home Phone Number: ()						

PART II DISTRIBUTION OPTION (Please read the enclosed special tax notice before completing the remainder of this form.)

Country

Zip

Select only one of the following:

City

- Lump Sum Payment: I elect to receive (at the above address) full distribution of my DROP account, less the 20% Federal Income Tax withholding required. Sign and have your signature notarized. Submit the form to the RSA at the address above. Do not complete Part III.
- □ I elect to have the entire DROP account balance rolled over into an eligible retirement account listed under Part III.
- □ I elect to have _____% of the taxable funds rolled over to an eligible retirement account listed under Part III. The remaining taxable funds will be paid to me less the required 20% Federal Income Tax Withholding. Any non-taxable funds will be paid directly to me with no federal withholding.

List the eligible retirement plan you have elected to have your funds rolled into:

State

RSA-1 or
 Other: _____

Note: If you have all or a portion of your DROP account rolled over into an eligible retirement account, you must sign and have your signature notarized before sending this form to your Trustee to complete Part III.

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Your Rollover Options prior to signing this certification.

Signature		Date				
STATE OF		, County of				
Notary Public in		tate, personally appeared before me	, 20 before me, the undersigner ally appeared before me, the above named individual, known to			
		Signature of Notary Public				
	Seal	My Commission Expires				

PART III TRUSTEE INFORMATION is on the reverse side of this form.

PART III TRUSTEE INFORMATION (To be completed by Trustee receiving the rollover)

Member Name:	First	Middle	Social	Social Security No.:					
				Account Number:					
Contact Person:				Phone No.: ()				
Address:Street Address or P. O. Box City State Zip									
	Street Address or P.	O. Box	City	State	Zip				
 Plan accepts non-taxable funds. Plan does not accept non-taxable funds. 									
Type of account into which money will be rolled over:									
	etirement Plan I Retirement Accoun		 □ 403(a) Annuity Contracts □ 403(b) Tax Sheltered Annuit □ 408(b) Individual Retirement Annuity □ Governmental Deferred Com Compensation Plans (IRC 45) 		ferred Compensation				
An Education IRA is not an eligible plan.									
Signature of Truster	e Official			Date:					

Please submit the completed form to the RSA at the address on the front of this form.