RSA-1 ENROLLMENT 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

Name First	Middle/Maiden	Loot	
FIRSt	ivilddie/iviaiden	Last	
Address			
	Street or P. O. Box		
City	State	Zip Code	
Social Security Number		Sex 🛛 Male 🖵 Female	
Date of Birth Month Day Ye	ear		
Phone Number	Email Address		
Employer Agency Name	Employ	er Phone No	
Street or P. O. Box	City	State Zip Code	
Ay current status is:			
 Employees' Retirement System Teachers' Retirement System 			
Please read carefully as the following	g statements will apply to your RSA-1 acc	count:	
I have designated my beneficiated	aries on the separate BENEFICIARY DESIGNAT	ION form (return to RSA-1).	
I have completed an INVESTME	NT OPTION ELECTION form (return to RSA-1).		
takes at least two weeks for	TION TO DEFER form and deliver it to my pa r RSA-1 to process the RSA-1 ENROLLMEN orms. This does not apply to DROP acco	NT, BENEFICIARY DESIGNATION, ar	
 I understand that I may not wit 	thdraw 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 701/2
 - 3. Unforeseeable emergency (must be approved)
 - 4. Cash-out provision for small account balances

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 RSA-1 Member Handbook.

Signature _____ Date _____