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CHANGE OF BENEFICIARY PRIOR TO RETIREMENT

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	ER	S
	TR	S

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

Instructions: Please print or type in black ink. Complete the Member Information, Beneficiary Change/Correction, and Member Authorization sections of this form. This form must be signed and notarized for changes to be activated. Do <u>not</u> use this form if you are retired or participating in DROP.

MEMBER INFORMATION (Must b	e completed in all cases)				
Name:First	Middle/Maiden Last	Social S	Security No.:		
Date of Birth: / /	Home Phone No.: ()		Membership S	tatus: □ Active M □ Inactive	
BENEFICIARY CHANGE/CORRECT	TION				
To name multiple beneficiar	ies, use the back of this form.				
DESIGNATION OF PRIMARY B	ENEFICIARY				
Name:	Relationship:		Date of	f Birth:/	1
Social Security Number	Address: Street or P. O. Box	City	State	Zip Code	
_	eceive benefits only if all Primary Bene				,
	Relationship:		Date of	Birth:/	
Social Security Number	Address:Street or P. O. Box	City	State	Zip Code	
() Check (✓) if Beneficiary MEMBER AUTHORIZATION (Mus	information is continued on the back of th	of this form.			
Signature of Member:		Date	of Signature: _	1 1	_
Notary					
STATE OF	, COUNTY OF		-		
On this day of statements made are true.	, 20, personally appeared befor	re me, the above	e named individua	l and made oath t	that the
	Signature of Notary	Public			
	My Commission Ex	nires			

MULTIPLE BENEFICIARIES CHANGE/CORRECTION (Continued)

DESIGNATION OF PRIMARY	BENEFICIARY(IE	<u>s)</u>					
Name:		Relationship:		Date of Birth:		/	
	Address:						
Social Security Number	Address: _	Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	: /	/	
		-				· · ·	
Social Security Number	Address: _	Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	: /	/	
Social Security Number	Address	Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	: /	/	
Social Security Number	Address: _	Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	: /	/	
·							
Social Security Number	Address	Street or P. O. Box	City	State	Zip Code		
_		receive benefits only if all Primary Beneficiaries are dece Relationship:					
·				Date of Birtin.		/	
Social Security Number	Address: _	Chrost or D. O. Doy	City	State	Zin Codo		
Social Security Number		Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	/	/	
	Address:						
Social Security Number		Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	: <u>/</u>	/	
	Address:						
Social Security Number	Address	Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	: /	/	
	Address:						
Social Security Number	Addiess	Street or P. O. Box	City	State	Zip Code		
Name:		Relationship:		Date of Birth:	: /	/	
		·					
Social Security Number	Address: _	Street or P. O. Box	City	State	Zip Code		