

**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 INFORMATION

Name _____ Social Security No. _____
 First Middle/Maiden Last

Home Address _____ Phone Number _____
 Street or P. O. Box

 City State Zip Code

Employer _____ Date of Birth _____
 Month Day Year

PART II RETIREMENT SYSTEM INFORMATION

Name of Retirement System _____

Retirement System Address _____
 Street or P. O. Box

 City State Zip Code

Your Retirement System Account Number _____

PART III PAYMENT METHOD AND AUTHORIZATION

I hereby authorize the transfer a total of \$_____ from my RSA-1 Deferred Compensation Plan to the retirement system listed in item II above for the purpose of purchasing permissive service credit as follows: (a copy of the Purchase letter must be attached)

Transfer \$_____ from my **RSA-1 fixed** account. Transfer \$_____ from my **Transfer fixed** account.

Transfer \$_____ from my **RSA-1 stock** account. Transfer \$_____ from my **Transfer stock** account.

Note: This form, the form from your retirement system, and a copy of the eligibility letter specifying the amount and eligibility to purchase permissive service credit must be received by RSA-1 **at least 15 working days** prior to the payment due date in order to provide sufficient processing time.

PART IV AUTHORIZATION AND SIGNATURE

I authorize the RSA-1 to transfer the funds noted in Part III to the retirement system noted in Part II for the purpose of purchasing permissive service credit.

Signature of RSA-1 Member _____ Date _____

STATE OF _____, COUNTY OF _____

On this ____ day of _____, 20____ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Signature of Notary Public _____

Seal

My Commission Expires _____

PURCHASE TRANSFER REQUEST

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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 System

Social Security No.: _____ - _____ - _____ Account No.: _____

Name: _____ Date of Birth: _____
 First Middle Maiden Last Mo. Day Year

Address: _____
 Street Address or P. O. Box City State Zip Code

Home Telephone Number: (_____) _____ Work Telephone Number: (_____) _____

Amount of Transfer Requested: \$ _____ (A copy of the purchase letter must be attached.)

Signature of Participant _____ Date _____

STATE OF ALABAMA, COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me, the above named individual and made oath that the statements made therein are true.

Signature of Notary Public _____

(seal)

My Commission Expires _____

PART II PLAN INFORMATION (To be completed by Plan Representative)

The Retirement Systems of Alabama accepts transfers from qualified and tax-deferred plans provided that the amount transferred does not exceed the cost of the purchase. If a Transfer Acceptance Letter is needed, please contact the Retirement Systems of Alabama.

Type Plan: RSA-1 IRC 457 IRC 403(b) IRA Conduit IRA IRC 401

Name of Company transferring funds: _____ Account Number: _____

Contact Person: _____ Telephone No.: (_____) _____

Address: _____
 Street Address or P. O. Box City State Zip Code

Qualified Transfer Amount: _____

Signature of Plan Representative: _____ Date: _____

INSTRUCTIONS

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 www.rsa-al.gov 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.