RSA-1 Authorization to Defer Compensation

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
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RSA-1 OF ALABAMA

Your SSN ___ ___ ___ ___ ___ ___ ___ ___ ___

Use this form to begin, restart, increase/decrease, or stop contribution amounts.

Your Information

Complete and submit to your Payroll Officer to begin contributions.

Do not submit this form to RSA-1 or the RSA.

Name _____
First   Middle/Maiden   Last

Mailing Address _____
Street or P.O. Box   City   State   ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

Contribution Information

Specify one of the following:

☐ New Enrollment   ☐ Restart   ☐ Sick/Annual Leave

☐ Increase Contributions   ☐ Decrease Contributions   ☐ Stop Contributions

If **enrolling** in RSA-1, please make certain that your RSA-1 ENROLLMENT and BENEFICIARY DESIGNATION forms have been submitted to the RSA-1 Deferred Compensation Plan **before** submitting this form to your Payroll Officer. **Note the following exception:** If stopping contributions due to **financial hardship,** your Payroll Officer must sign verifying that contributions have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Distribution Request.

1. **Please defer** $ _____ of contributions **per pay period** from my salary and remit this amount to the RSA-1 Deferred Compensation Plan into my **REGULAR PRE-TAX account.**
   If stopping contributions, enter zero (0) for the dollar amount.

2. **Please defer** $ _____ of contributions per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan into my **REGULAR ROTH account.**
   If stopping contributions, enter zero (0) for the dollar amount.

3. **Effective date*** _____ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.

4. If you are deferring payments for **Sick or Annual Leave** (must be enrolled), please indicate the amounts below:

   Please defer $ _____ of my payment for unused Sick Leave or Annual Leave to my **REGULAR PRE-TAX account.**

   Please defer $ _____ of my payment for unused Sick Leave or Annual Leave to my **REGULAR ROTH account**.

Signature of Employee

Sign Here

Your Signature _____ **Date** _____

Payroll Officer Information

Only if submitting a Financial Hardship Distribution Request or a Distribution Request.

Payroll Officer Signature _____ **Date** _____

Name and Title _____
Please Print

Payroll Officer Telephone _____ Email Address _____

Date Deferrals Stopped _____

Please submit all required enrollment forms to RSA-1. Contributions received by RSA-1 without executed enrollment forms will be refunded. If you are already enrolled, please make certain you have an updated CONTRIBUTION ALLOCATION form on file with RSA-1 before submitting contributions.