RSA-1 Authorization to Defer Compensation
Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN   ___ ___ ___   ___ ___   ___ ___ ___ ___

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

Your Information

Complete and submit to your Payroll Officer to begin deferrals.

Do not submit this form to RSA-1 or the Retirement Systems of Alabama.

Name _____
First   Middle/Maiden   Last

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

Telephone Number _____   Email Address _____

Date of Birth _____   Sex   ❑ Male ❑ Female

Deferral Information

Specify one of the following:

❑ New Enrollment   ❑ Restart   ❑ Sick/Annual Leave

❑ Increase Deferrals   ❑ Decrease Deferrals   ❑ Stop Deferrals

If **enrolling** in RSA-1, please make certain that your RSA-1 Enrollment, Beneficiary Designation, and Investment Option Election 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 deferrals due to **financial hardship,** your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Distribution Request.

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

2. **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.

3. 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 to RSA-1.

Please defer $ _____ of my payment for unused Annual Leave to RSA-1.

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.