RSA-1 EN IOE
NEW
09/08

INVESTMENT OPTION ELECTION
RSA-1 DEFERRED COMPENSATION PLAN
NEW MEMBERS

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

Please type or print using black ink. All changes to this form must be initialed.

Name _____
First Middle/Maiden Last

Address _____
Street or P. O. Box

_____
City State Zip Code

Social Security No. _____-_____-_____ **Daytime Phone No.** (_____)_____ **Date of Birth** _____/_____/_____
Month Day Year

I understand the following regarding this investment option election:

- My election must be made by **the first of the month following the date** the AUTHORIZATION TO DEFER COMPENSATION form is submitted to my payroll office to be effective for deferrals during the next 365 days.
- My election can be made once every 365 days.
- My election will remain in effect until a subsequent election is made, but it must remain in effect for 365 days.
- I realize that I may stop deferrals at any time; however, the election will remain in effect if I subsequently resume deferrals.
- My election will apply to the amount deferred on or after the effective date of this election (New Deferrals).

I elect the following to be effective for the current calendar year, regarding **future deferrals**:

☐ Invest _____ **%** of new deferrals in the RSA-1 **fixed** investment option **with the remaining percentage** invested in the **stock** investment option. If you wish to invest **all** of your future deferrals in the fixed investment option, enter 100%.

☐ Invest _____ **%** of new deferrals in the RSA-1 **stock** investment option **with the remaining percentage** invested in the **fixed** investment option. If you wish to invest **all** of your future deferrals in the stock investment option, enter 100%.

Signature of Employee in the presence of a Notary _____Date _____

STATE OF_____, COUNTY OF _____

Before me appeared _____, known to me to be the person who subscribed to the foregoing instrument on this _____ day of _____, 20____.

Signature of Notary Public _____

Seal My Commission Expires _____