



Incoming Transfer or Rollover from Other Plans to RSA-1

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

Your Information

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) _____

Employer _____
Name Address

Previous Plan Information

*To be completed by
Trustee Official*

All items must be completed by the Trustee Official/Record Keeper, including signature, of the plan from which funds will be transferred.

Prior Plan Type

Check one: ☐ DROP ☐ Governmental 457(b) Transfer ☐ Governmental 457(b) Roth ☐ PLOP ☐ ERIP ☐ TSP

Prior Plan Name _____

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

Contact Person _____ Telephone Number _____

Pre-Tax Estimated Amount _____

Roth Estimated Amount _____

Roth Cost Basis _____ Roth Inception Date _____

☐ Recurring Transfer, the number of times this transfer will occur _____

Signature of Trustee Official/Record Keeper affirms that:

The amount of any deferrals prior to 1997 which were not previously tax deferred for State of Alabama purposes is _____.

These funds do not include funds rolled over from any plan type other than the plans listed above.

Any deferrals prior to 1997 which were not previously tax deferred for state of Alabama purposes have been noted above.

These funds do not represent a Required Minimum Distribution or Unforeseen Emergency Distribution.

Sign Here →
Trustee Official

Signature of Trustee Official _____ **Date** _____
Signature of Trustee Official/Record Keeper

Form Instructions

The **Your Information** section and **Signature Certification** section (on page 2) must be completed by the member.

The **Previous 457 Plan Information** section must be completed by the Trustee Official/Record Keeper of the plan from which you wish to transfer funds. Please mail this form to your previous plan Trustee Official/Record Keeper in order for this form to be completed. The Trustee Official/Record Keeper must complete all items in the **Previous 457 Plan Information** section, sign the form, and return it to RSA-1 at the following address: RSA-1 Deferred Compensation Fund, P.O. Box 302150, Montgomery, AL 36130-2150.

Once RSA-1 has received the completed form, RSA-1 will send a letter of acceptance to the Trustee Official/Record Keeper.

Make check payable to:

RSA-1 Deferred Compensation Fund
FBO: Participant's Name

Mail check to:

RSA-1 Deferred Compensation Fund
P.O. Box 302150
Montgomery, AL 36130-2150

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Submit this form to RSA-1 in advance of the transfer of funds to provide sufficient processing time.

Name _____ SSN _____

Signature Certification

I hereby authorize the Trustee Official/Record Keeper in the **Previous Plan Information** section to transfer \$ _____ to my RSA-1 Transfer/Rollover account.

Signature of Members affirms that:

These funds are from a Section 457(b) plan. These funds do not include funds rolled over from any plan type other than a Governmental 457(b) Transfer, Governmental 457(b) Roth, DROP, PLOP, ERIP, or TSP. These funds do not represent a Required Minimum Distribution or Unforeseen Emergency Distribution.

By signing below, member acknowledges that:

I must either enroll in **or** have an existing account with RSA-1 prior to the transfer.
To enroll in RSA-1, I must complete the following RSA-1 forms:

- DEFERRED COMPENSATION PLAN ENROLLMENT
- AUTHORIZATION TO DEFER COMPENSATION (submit to your Payroll Officer)
- BENEFICIARY DESIGNATION

If I have an **existing** account, I must complete the FUND ALLOCATION FOR INCOMING TRANSFER OR ROLLOVER form.
This form must be completed and approved by RSA-1 prior to the transfer.

If the signature of the previous plan official or information from the previous plan is not complete, it will delay the transfer.

Sign Here →
Member

Your Signature _____ Date _____

State of _____, County of _____

I, _____, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this _____ day of _____, 20_____.

Seal

Signature of Notary Public _____

My Commission Expires _____

*Please have your signature
acknowledged before a
Notary Public.*



RSA-1 Fund Allocation for Incoming Transfer or Rollover

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Your SSN

Your Information

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) _____

Investment Options

RSA-1 **FIXED INCOME** investment option: The fixed income portfolio is invested in various debt instruments with maturities greater than one year, such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

RSA-1 **EQUITY** investment option: The equity portfolio is invested in an S&P 500 Index Fund.

RSA-1 **SHORT-TERM** investment option: The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. Government agency notes with a maturity of one year or less.

Please note that Fixed Income, Equity, and Short-Term Investment Options are all subject to market fluctuations.

Fund Allocation

I elect the following investment option account type:

Check one: ☐ DROP ☐ Governmental 457(b) Transfer ☐ PLOP ☐ ERIP ☐ TSP

You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but your selected investment option(s) must add up to 100%. Percentages must be whole numbers only.

Invest _____ % of **Pre-Tax funds** in the RSA-1 **FIXED INCOME** investment option.

Invest _____ % of **Pre-Tax funds** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **Pre-Tax funds** in the RSA-1 **SHORT-TERM** investment option.

I elect the following investment option for **457(b) Designated Roth**:

You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but your selected investment option(s) must add up to 100%. Percentages must be whole numbers only.

Invest _____ % of **Roth funds** in the RSA-1 **FIXED INCOME** investment option.

Invest _____ % of **Roth funds** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **Roth funds** in the RSA-1 **SHORT-TERM** investment option.

Signature Certification

I understand the following regarding this investment option election:

- My election must be made prior to the funds being transferred.
- My election will be used for my Incoming Transfer/Rollover.

Sign Here → Your Signature _____ Date _____