RSA-1\_BEN 3/17

## BENEFICIARY DESIGNATION RSA-1 & PEIRAF

|               | Type of Accou<br>□ PEIRAF<br>□ RSA-1          | nt:             | P. O. Box 302150 	 N<br>334-517-700                         | ystems of Alabama<br>Iontgomery, AL 36130-<br>0 or 877-517-0020<br>7 <u>.rsa-al.gov</u> | -2150   |                        |
|---------------|---|-----------------|---|---|---|------------------------|
| Name          | First   |                 | Middle/M  | laiden  | Last  |                        |
| Address       |   |                 | Wildle/Wi   |   | Lust  |                        |
|               |   |                 | St  | treet or P. O. Box  |   |                        |
|               | City  |                 | State   |   | Zip Code  |                        |
| Social Sec    | urity Number                                  |                 |   | Phone Numbe   | r   |                        |
|               |   |                 | ion is continued on a shall not revoke or void the          |   | <b>n.</b><br>beneficiary for any benefits payal | ble by RSA.            |
| DESIGNATIO    | ON OF PRIMARY B                               | <b>ENEFICIA</b> | RY(IES)   |   |   |                        |
|               | signate the following<br>the terms of the Pla |                 | ) as my primary beneficia                                   | ary(ies) to receive any t   | penefit that may become due                     | e at or after my death |
| Name:         |   |                 | Relations   | hip:  | Date of Birth:                                  | mm/dd/yyyy             |
| - Social Soci | Ado   | dress:          | Street or P. O. Box   | City  | State   | Zip Code               |
|               |   |                 |   |   |   | •                      |
| Name:         |   |                 |   | -   | Date of Birth:                                  | mm/dd/yyyy             |
| Social Secu   | Ado<br>urity Number                           | dress:          | Street or P. O. Box   | City  | State   | Zip Code               |
| Name:         |   |                 | Relations   | hip:  | Date of Birth:                                  |                        |
|               | Ado   | dress:          | Street or P. O. Box   |   |   | mm/dd/yyyy             |
| Social Secu   | urity Number                                  |                 | Street or P. O. Box   | City  | State   | Zip Code               |
| DESIGNATIO    | ON OF CONTINGE                                | NT BENE         | FICIARY(IES)  |   |   |                        |
|               |   |                 | oes <b>not</b> survive me, I he<br>lue at or after my death |   | wing person(s) as my contin<br>of the Plan.     | gent beneficiary(ies)  |
| Name:         |   |                 |   |   | Date of Birth:                                  |                        |
|               | Add   |                 |   |   |   | mm/dd/yyyy             |
|               | urity Number                                  |                 | Street or P. O. Box   | City  | State   | Zip Code               |
| Name:         |   |                 | Relations   | hip:  | Date of Birth:                                  | mm/dd/yyyy             |
| Social Secu   | Ado<br>urity Number                           | dress:          | Street or P. O. Box   | City  | State   | Zip Code               |
|               |   |                 | Relations   | hip:  | Date of Birth:                                  |                        |
|               | Ado   |                 |   |   |   | mm/dd/yyyy             |
| Social Secu   | urity Number                                  |                 | Street or P. O. Box   | City  | State   | Zip Code               |
| Signature     |   |                 |   |   | Date  |                        |
| STATE OF      |   |                 | , COUNTY OF   |   |   |                        |
|               |   |                 |   |   | n to me to be the person wh                     | no subscribed to the   |
| ioregoing in  |   | da              | y of  | , 20  |   |                        |
|               |   |                 | Signature of Notary   | Public  |   |                        |
|               | Seal  |                 | My Commission Ex  | oires   |   |                        |
|               |   |                 |   |   |   |                        |

| Page 2 of 2 Name   |  |   |  |   |  |
|--|--|---|--|---|--|
| Name   |  |   |  |   |  |
|  |  |   | Social Security                                    | Number  |  |
| MULTIPLE BENEFICIARIES DE  | SIGNATION (Cont  | inued)  |  |   |  |
| DESIGNATION OF PRIMAR  | Y BENEFICIARIE   | <u>s</u> (Continued)  |  |   |  |
| Name:  |  | Relationship:   |  | Date of   | Birth:   |
|  | Address:   |   |  |   | mm/dd/yyyy   |
| Social Security Number   |  | Street or P. O. Box   | City   | State   | Zip Code   |
| lame:  |  | Relationship:   |  | Date of   | Birth:   |
|  | Address:   |   |  |   | mm/dd/yyyy   |
| Social Security Number   |  | Street or P. O. Box   | City   | State   | Zip Code   |
| lame:  |  | Relationship:   |  | Date of   | Birth:   |
|  |  |   |  |   | mm/dd/yyyy   |
| Social Security Number   | AUUIESS  | Street or P. O. Box   | City   | State   | Zip Code   |
| Name:  |  | Pelationshin:   |  | Date of   | Birth  |
|  |  |   |  |   | mm/dd/yyyy   |
| Social Security Number   | Address: _   | Street or P. O. Box   | City   | State   | Zip Code   |
|  |  |   |  |   |  |
| lame.  |  | Relationshin:   |  | Date of   | Birth:   |
|  |  | -   |  | Date of   | Birth:<br>mm/dd/yyyy   |
|  |  | Relationship:   | City   | Date of<br>State  | mm/dd/yyyy   |
| Social Security Number<br>DESIGNATION OF CONTING<br>Contingent Beneficiaries will<br>lame: | Address:   | Street or P. O. Box<br>IARIES (Continued)<br>only if all Primary B<br>Relationship:   | City<br>eneficiaries are dec                       | State   | mm/dd/yyyy<br>Zip Code   |
| Social Security Number<br>DESIGNATION OF CONTING<br>Contingent Beneficiaries will<br>Name: | Address:<br>GENT_BENEFIC   | Street or P. O. Box<br>IARIES (Continued)<br>only if all Primary B<br>Relationship:   | City<br>eneficiaries are dec                       | State   | mm/dd/yyyy<br>Zip Code<br>Birth:   |
| Social Security Number   | Address:<br>GENT BENEFIC<br>Il receive benefits<br>Address: _  | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship: Street or P. O. Box   | City<br>eneficiaries are ded                       | State<br>ceased.<br>Date of<br>   | mm/dd/yyyy<br>Zip Code<br>Birth:<br>mm/dd/yyyy<br>Zip Code   |
| Social Security Number   | Address:<br>GENT BENEFIC<br>Il receive benefits<br>Address: _  | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship: Street or P. O. Box  Relationship:  | City<br>eneficiaries are ded                       | State<br>ceased.<br>Date of<br>   | mm/dd/yyyy<br>Zip Code<br>Birth:<br>mm/dd/yyyy<br>Zip Code   |
| Social Security Number   | Address:<br>GENT BENEFIC<br>Il receive benefits<br>Address: _  | Street or P. O. Box IARIES (Continued) only if all Primary B Relationship: Street or P. O. Box Relationship:  | City<br>eneficiaries are ded<br>City               | State<br>ceased.<br>Date of<br>Date of  | mm/dd/yyyy<br>Zip Code<br>Birth:<br>Zip Code<br>Birth:<br>mm/dd/yyyy   |
| Social Security Number   | Address:<br>GENT BENEFIC<br>Il receive benefits<br>Address:  | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship: Street or P. O. Box  Relationship: Street or P. O. Box  | City<br>eneficiaries are deo<br>City<br>City       | State Ceased. Date of State State State State   | mm/dd/yyyy<br>Zip Code<br>Birth:<br>Zip Code<br>Birth:<br>mm/dd/yyyy<br>Zip Code   |
| Social Security Number   | Address:<br>GENT BENEFIC<br>Il receive benefits<br>Address:  | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship: Street or P. O. Box  Relationship: Street or P. O. Box  | City<br>eneficiaries are deo<br>City<br>City       | State Ceased. Date of State State State State   | mm/dd/yyyy<br>Zip Code<br>Birth:<br>Zip Code<br>Birth:<br>mm/dd/yyyy<br>Zip Code   |
| Social Security Number   | Address:<br>GENT BENEFIC<br>Il receive benefits<br>Address:  | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship: Street or P. O. Box  Relationship: Street or P. O. Box  Relationship:                                   | City<br>eneficiaries are deo<br>City<br>City       | State Ceased. Date of State State State Date of State Date of                           | mm/dd/yyyy<br>Zip Code<br>Birth:<br>Tip Code<br>Dirth:<br>Tip Code<br>Dirth:<br>Tip Code<br>Dirth:<br>Tip Code<br>Dirth:<br>Tip Code   |
| Social Security Number   | Address:<br>GENT BENEFIC<br>Il receive benefits<br>Address:  | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship:  Street or P. O. Box  Relationship:  Street or P. O. Box  Relationship:                                 | City<br>eneficiaries are deo<br>City<br>City       | State Ceased. Date of State State State Date of State Date of                           | mm/dd/yyyy<br>Zip Code<br>Birth:<br>Tip Code<br>Dirth:<br>Tip Code<br>Dirth:<br>Tip Code<br>Dirth:<br>Tip Code<br>Dirth:<br>Tip Code   |
| Social Security Number   | GENT BENEFIC         Il receive benefits         Address:         Address:         Address:         Address: | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship: Street or P. O. Box  Relationship: Street or P. O. Box  Street or P. O. Box  Street or P. O. Box        | City eneficiaries are dec City City City City City | State Ceased. Ceased. State | mm/dd/yyyy Zip Code Birth: Dip Code Dip |
| DESIGNATION OF CONTINU<br>Contingent Beneficiaries will<br>Name:                           | GENT BENEFIC         Il receive benefits         Address:         Address:         Address:         Address: | Street or P. O. Box  IARIES (Continued)  only if all Primary B  Relationship: Street or P. O. Box  Relationship: Street or P. O. Box  Relationship: Street or P. O. Box Relationship: | City eneficiaries are dec City City City City City | State Ceased. Ceased. State | mm/dd/yyyy<br>Zip Code<br>Birth:<br>Zip Code<br>Birth:<br>Zip Code<br>Birth:<br>Zip Code<br>Birth:<br>Zip Code<br>Birth:<br>Zip Code   |

\*Page two must be signed if any beneficiary information is submitted on this side of the form.