AUTHORIZATION TO DEFER COMPENSATION RSA-1 DEFERRED COMPENSATION PLAN

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

COMPLETE AND SUBMIT TO PAYROLL OFFICER

- Use this form to begin, restart, increase/decrease, or stop deferral amounts.
- Complete and submit to your Payroll Officer to begin deferrals.
- Do not submit this form to RSA-1 or the Retirement Systems of Alabama.
- 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.

TO: Payroll Off	cer		
FROM:	Middle/N	Maiden Last	
	nber		
Specify one of the f	ollowing:	_	
□ New Enrollment	☐ Resta	art	
☐ Decrease Deferra	als Sick/A	Annual Leave	
Specify the following	g:		
		y period from my salary and remit this amount to the enter zero (0) for the dollar amount.	ne RSA-1
Effective Date* this form is submitted		may not be earlier than the first of the month following	g the date
If you are deferring pa	ayments for Sick or Annual Leave	re (must be enrolled), please indicate the amounts bel	low:
Please defer \$	of my pay	yment for unused Sick Leave to RSA-1.	
Please defer \$	of my pay	yment for unused Annual Leave to RSA-1.	
Signature of Employ	/ee	Date	
Signature of Payroll ((Only if submitting a	Officer FINANCIAL HARDSHIP DISTRIBUTION R	REQUEST) Date Deferrals Sto	opped

*Payroll Officer: Do not send deferrals to RSA-1 for at least two weeks from the date employee submitted enrollment forms to RSA-1.