

AUTHORIZATION TO DEFER COMPENSATION RSA-1 DEFERRED COMPENSATION PLAN

Please Type or Print Using Black Ink

This form is to be used to begin, cease or change deferral amounts. Complete and submit this form to Human Resources to begin deferring compensation. **DO NOT SUBMIT THIS FORM TO RSA-1 OR THE RETIREMENT SYSTEMS OF ALABAMA.** Please make certain that your notarized **Member Record** form has been submitted to the RSA-1 Deferred Compensation Plan before submitting this form to your HR Department.

TO: Benefits Office, SKH 102

FROM: _____
First/MI/Last Name

Employee Number: A _____
(If employee number is unknown you may enter your Social Security Number)

Please defer \$ _____ biweekly from my salary effective* _____, and
(amount) (check date)

remit to the RSA-1 Deferred Compensation Plan.

Signature of Employee: _____ Date: _____

* Must be received at least two weeks prior to effective date.