AUTHORIZATION TO DEFER COMPENSATION
RSA-1 DEFERRED COMPENSATION PLAN

Remit to Payroll Officer

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 your **Payroll Officer** 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 Payroll Officer.

TO: **Payroll Officer**

FROM: _____
First Middle/Maiden Last

Social Security Number: _____-_____-_____

Please defer $ _____ monthly from my salary effective _____, and
Amount Date*

remit to the RSA-1 Deferred Compensation Plan.

_____ _____
Date Signature of Employee

*Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.

Note: State employees paid by warrants issued by the State Comptroller will have one-half the monthly amount deducted from each bi-weekly check up to 24 times in any calendar year.