

INVESTMENT OPTION ELECTION FOR NEW MEMBERS

RSA-1 Deferred Compensation Plan

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-2158

Please Type or Print Using Black Ink

Upon completion and notarization of this form, send to the RSA-1 Deferred Compensation Plan at the above address in order to establish your account.

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle/Maiden Last </div>	_____ Social Security Number
Address: _____ <div style="display: flex; justify-content: center; font-size: small;"> Street or P. O. Box </div>	Daytime Phone No.: _____
_____ <div style="display: flex; justify-content: space-around; font-size: small;"> City State Zip Code </div>	Date of Birth: _____ <div style="display: flex; justify-content: center; font-size: small;"> Month/Day/Year </div>

I understand the following regarding this investment option election:

- My election must be made by **the first of the month following the date** the AUTHORIZATION TO DEFER COMPENSATION form is submitted to my payroll office to be effective for deferrals during the next 365 days.
- My election can be made *once every 365 days*.
- My election will *remain in effect until a subsequent election is made, but it must remain in effect for 365 days*.
- I realize that I may stop deferrals at any time; however, the election will remain in effect if I subsequently resume deferrals.
- My election will apply to the amount deferred on or after the effective date of this election (New Deferrals).

I elect the following to be effective for the current calendar year, regarding **future deferrals**:

Invest _____ % of new deferrals in the RSA-1 **fixed** investment option **with the remaining percentage** invested in the **stock** investment option. If you wish to invest **all** of your future deferrals in the fixed investment option, enter 100%.

Invest _____ % of new deferrals in the RSA-1 **stock** investment option **with the remaining percentage** invested in the **fixed** investment option. If you wish to invest **all** of your future deferrals in the stock investment option, enter 100%.

Date

Signature of Employee in the presence of a Notary Public

STATE OF _____, COUNTY OF _____

Before me appeared _____, known to me to be the person who subscribed to the foregoing instrument on this ____ day of _____, 20 ____.

(Seal)

Signature of Notary Public

My Commission Expires