RSA-1 EN 3/03

MEMBER RECORD
ENROLLMENT IN THE 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.

❑ New Account
❑ Name Change
❑ Address Change
❑ Beneficiary Designation

Name: ______________________________
First Middle/Maiden Last

Address: ______________________________
Street or P. O. Box

____
City State Zip Code

_____ - ____ - _____
Social Security Number

Sex: ❑ Male ❑ Female

Date of Birth: ______________
Month/Day/Year

Employer: ______________________________
Agency Name Street or P. O. Box City State Zip Code

Daytime Phone: ( ) ______________ **Job Title:** ______________

My current status is:
❑ Employees' Retirement System (ERS) member
❑ Teachers' Retirement System (TRS) member
❑ Judicial Retirement Fund (JRF) member
❑ I am not a member of ERS, TRS or JRF.

Please check one:
❑ I am currently receiving a monthly benefit from RSA-1.
❑ I am **not** currently receiving a monthly benefit from RSA-1.

BENEFICIARY DESIGNATION

I hereby designate my beneficiary and contingent beneficiary as follows (use *Multiple Beneficiary Designation Form* to designate multiple beneficiaries):

BENEFICIARY

Name: ______________ Relationship: ______________ Date of Birth: ______________

_____ - ____ - _____ Address: ______________________________
Social Security Number Street or P. O. Box City State Zip Code

CONTINGENT BENEFICIARY

Name: ______________ Relationship: ______________ Date of Birth: ______________

_____ - ____ - _____ Address: ______________________________
Social Security Number Street or P. O. Box City State Zip Code

I agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of, and shall constitute a release of, RSA-1 from any further obligation on account of the benefit.

I have received and read a copy of the RSA-1 Deferred Compensation Plan Summary Plan Description (SPD). I agree that I will be bound by the terms and conditions set forth in said SPD.

I elect to participate in the RSA-1 Deferred Compensation Plan and consent to having a part of my compensation deferred in accordance with Section 457 of the Internal Revenue Code.

______________ ______________________________
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