

INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS RSA-1 DEFERRED COMPENSATION PLAN

Check all that apply:

- RSA-1 DROP Rollover

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

Name _____
First Middle/Maiden Last

Address _____
Street or P. O. Box

City State Zip Code

Social Security Number _____ Date of Birth _____
Month Day Year

Phone Number _____

I understand the following regarding this investment option election:

- My election must be made prior to the funds being submitted or transferred.
- 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.

RSA-1 ACCOUNTS ONLY

I elect the following investment option for **future deferrals**. You can elect to have 100% in either the fixed or stock investment option election or split the percentages between the investment options – but they must add up to 100%, for example, 60% fixed and 40% stock or 35% fixed and 65% stock.

FIXED

Invest _____ % of **new deferrals** in the RSA-1 **FIXED** investment option.

STOCK

Invest _____ % of **new deferrals** in the RSA-1 **STOCK** investment option.

DROP ROLLOVER ACCOUNTS ONLY

I elect the following investment option for **DROP funds**. You can elect to have 100% in either the fixed or stock investment option election or split the percentages between the investment options – but they must add up to 100%, for example, 60% fixed and 40% stock or 35% fixed and 65% stock.

FIXED

Invest _____ % of **DROP funds** in the RSA-1 DROP **FIXED** investment option.

STOCK

Invest _____ % of **DROP funds** in the RSA-1 DROP **STOCK** investment option.

AUTHORIZATION

Signature of Employee _____ Date _____

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____.

Signature of Notary Public _____

Seal

My Commission Expires _____