

## AUTHORIZATION TO DEFER COMPENSATION RSA-1 DEFERRED COMPENSATION PLAN

**Retirement Systems of Alabama**  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

- Use this form to begin, restart, increase/decrease, or stop deferral amounts.
- **Complete and submit to your Payroll Officer to begin deferrals.**
- **Do not submit this form to RSA-1 or the Retirement Systems of Alabama.**
- If **enrolling** in RSA-1, please make certain that your RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION and INVESTMENT OPTION ELECTION forms have been submitted to the RSA-1 Deferred Compensation Plan **before** submitting this form to your Payroll Officer.
- **Note the following exception:** If stopping deferrals due to **financial hardship**, your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your FINANCIAL HARDSHIP DISTRIBUTION REQUEST.

Name \_\_\_\_\_  
  First  Middle/Maiden  Last

Social Security Number \_\_\_\_\_

**Specify one of the following:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Enrollment     | <input type="checkbox"/> Restart           | <input type="checkbox"/> Increase Deferrals |
| <input type="checkbox"/> Decrease Deferrals | <input type="checkbox"/> Sick/Annual Leave | <input type="checkbox"/> Stop Deferrals     |

**Specify the following:**

1. Please defer \$ \_\_\_\_\_ per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. **If stopping deferrals, enter zero (0) for the dollar amount.**
2. **Effective Date\*** \_\_\_\_\_ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.
3. If you are deferring payments for **Sick or Annual Leave** (must be enrolled), please indicate the amounts below:  
  
Please defer \$ \_\_\_\_\_ of my payment for unused Sick Leave to RSA-1.  
  
Please defer \$ \_\_\_\_\_ of my payment for unused Annual Leave to RSA-1.

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Payroll Officer \_\_\_\_\_  
**(Only if submitting a FINANCIAL HARDSHIP DISTRIBUTION REQUEST OR A DISTRIBUTION REQUEST)** \_\_\_\_\_  
Date Deferrals Stopped \_\_\_\_\_

Name of Payroll Officer \_\_\_\_\_

Payroll Officer Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*Payroll Officer: Do not send deferrals to RSA-1 for at least two weeks from the date employee submitted enrollment forms to RSA-1.**