RSA-1 ADC
07/11

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

****COMPLETE AND SUBMIT TO PAYROLL OFFICER****

- 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.

TO: **Payroll Officer**

FROM: _____
First Middle/Maiden Last

Social Security Number _____

Specify one of the following:

☐ New Enrollment ☐ Restart ☐ Increase Deferrals

☐ Decrease Deferrals ☐ Sick/Annual Leave ☐ Stop Deferrals

Specify the following:

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.**

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.

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) Date Deferrals Stopped

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