

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

Sponsored by  
The Retirement Systems of Alabama

Please Type or Print using **Black** Ink

This form is to be used to begin, cease or change deferral amounts. Complete and submit this form to the *HR Service Center, G-69 Rose Administration Building*. **DO NOT SUBMIT THIS FORM TO RSA-1 OR THE RETIREMENT SYSTEMS OF ALABAMA.**

New Member – Complete and sign New Member Record

Change Current Deduction

**NAME:** \_\_\_\_\_  
(First) (Middle/Maiden) (Last)

***SOCIAL SECURITY NUMBER/CWID:*** \_\_\_\_\_

Please defer \$ \_\_\_\_\_ *per pay check* from my salary effective\*  
(Amount)

\_\_\_\_\_, and remit to the RSA-1 Deferred Compensation Plan.  
(Date)

Date: \_\_\_\_\_  
(Signature of Employee)

\* Effective date may not be earlier than the first of the month following the date this form is submitted to the HR Service Center for processing.