

RSA-1 PEIRAF
BEN
07/11

BENEFICIARY DESIGNATION RSA-1 & PEIRAF

Type of Account: <input type="checkbox"/> PEIRAF <input type="checkbox"/> RSA-1
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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 _____ Phone Number _____

() Check if Beneficiary information is continued on the back of this form.

DESIGNATION OF PRIMARY BENEFICIARY(IES)

I hereby designate the following person(s) as my primary beneficiary(ies) to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name: _____ Relationship: _____ Date of Birth: _____
mm/dd/yyyy
 _____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____
mm/dd/yyyy
 _____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____
mm/dd/yyyy
 _____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

In the event the primary beneficiary(ies) does not survive me, I hereby designate the following person(s) as my contingent beneficiary(ies) to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name: _____ Relationship: _____ Date of Birth: _____
mm/dd/yyyy
 _____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____
mm/dd/yyyy
 _____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____
mm/dd/yyyy
 _____ Address: _____
Social Security Number Street or P. O. Box City State Zip Code

Signature _____ 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 _____

