

RSA-1 PEIRAF  
BEN  
07/11

# BENEFICIARY DESIGNATION RSA-1 & PEIRAF

<b>Type of Account:</b> <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](http://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 \_\_\_\_\_

If completing this side of the form, do not forget to sign at the bottom.

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

**MULTIPLE BENEFICIARIES DESIGNATION (Continued)**

**DESIGNATION OF PRIMARY BENEFICIARIES (Continued)**

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

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 BENEFICIARIES (Continued)**

**Contingent Beneficiaries will receive benefits only if all Primary Beneficiaries are deceased.**

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Page two must be signed if any beneficiary information is submitted on this side of the form.