



RSA-1 Request for Periodic Payments

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

421 04 5928

Check one: ☒ RSA-1 ☐ PEIRAF

Your Information

Name Jason Cochran

Mailing Address

1711 Walnut St. Albertville, AL 35950

Telephone Number

256-264-5669

Email Address

Date of Birth

4-25-70

PID (optional)

Distribution Eligibility

Check one:

☒ I have separated from service as of 04/22 (Month/Year).

Your employer must complete the Employer Certification section on page 2 if you have separated within the last six months.

☐ I am age 70 1/2 or older and wish to receive a distribution from my RSA-1 account.

☐ I am age 59 1/2 or older and wish to receive a distribution from my PEIRAF account.

Distribution Request

Your distribution amount is subject to change depending on the available balance at the time this request is processed.

Periodic payments are issued the last business day of the month.

1. Frequency of Payments (check one) ☒ Monthly ☐ Quarterly ☐ Semiannual ☐ Annually

Start my Periodic Payments on 9-1-25 (Month/Year).

2. Type of Periodic Payment (check one)

☐ Fixed Time Period: Payments paid out over _____ years and _____ months from the following account type(s).

I understand this election will deplete all balances in my selected accounts over the time period I have specified. Proceed to the Signature Certification section.

☒ Fixed Dollar Amount: Payments in the amount of 2000.00. Use the chart below to elect your distribution preference.

☐ Start an automatic distribution to satisfy my RMD for each year. Use the chart below to elect your distribution preference.

For RSA-1 Accounts Only: Do you wish to set up your RMD based on Joint Life Expectancy? ☐ Yes ☒ No

This only applies to someone taking a RMD whose spousal beneficiary is more than 10 years younger than you.

Spousal Beneficiary Date of Birth

Cancellation Request: Your payments will end as of the month you select, or the date RSA-1 processes your request (if later).

☐ Check here to stop your periodic payments as of _____ (Month/Year).

Available Account Types

List the account type(s) from which you wish to receive payments. Please specify either a dollar amount OR a percentage for each fund from which you wish to receive payments.

Regular Contributions Pre-Tax	Regular Contributions Roth	Regular Contributions PEIRAF
457(b) Transfer Pre-Tax	Transfer/Conversion Roth	DROP Rollover Pre-Tax
PLOP Rollover Pre-Tax	ERIP Rollover Pre-Tax	TSP Rollover Pre-Tax

If you are electing a percentage, each percentage must be a whole number. The total percentage across all funds must equal 100%.

Account Type Selection

Choose from the Available Account Types listed above.

Complete only if you wish to receive a Fixed Amount or RMD payments from specific funds.

List Account Type	Type of Funds	Dollar Amount	Percent of Fund Balance
	Fixed Income		or
	Equity		or
	STIF		or
	Fixed Income		or
	Equity		or
	STIF		or
	Fixed Income		or
	Equity		or
	STIF		or