



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 09/22 (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 20000.
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%.

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	
	Fixed Income		or	
	Equity		or	
	STIF		or	

must equal 100%

REV 05-2024