RSA 10 D- 02/10 1M	d R eq		UTION AND ROLLOVER ELECT stems of Alabama ontgomery, AL 36130-2150 or 877-517-0020 'sa-al.gov	TON Check One: ERS TRS						
Please type or print using black ink. PART I MEMBER INFORMATION										
Name:	First	Middle	Last	Social Security No.:	<u> </u>					
Address:		Street Address or P. O. Bo	x	Home Phone Number: ()					

PART II DISTRIBUTION OPTION (Please read the enclosed special tax notice before completing the remainder of this form.)

Select only one of the following:

City

Lump Sum Payment: I elect to receive (at the above address) full distribution of my DROP account, less the 20% Federal Income Tax withholding required. Sign and have your signature notarized. Submit the form to the RSA at the address above. Do not complete Part III.

Country

Zip

- □ I elect to have the entire DROP account balance rolled over into an eligible retirement account listed under Part III.
- □ I elect to have _____% of the taxable funds rolled over to an eligible retirement account listed under Part III. The remaining taxable funds will be paid to me less the required 20% Federal Income Tax Withholding. Any non-taxable funds will be paid directly to me with no federal withholding.

List the eligible retirement plan you have elected to have your funds rolled into:

State

RSA-1 or Other: _____

Note: If you have all or a portion of your DROP account rolled over into an eligible retirement account, you must sign and have your signature notarized before sending this form to your Trustee to complete Part III.

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Your Rollover Options prior to signing this certification.

Signature			Date		
STATE OF		, County of			
Notary Publi	c in and for said C	County and State, personally appeared be pregoing instrument.		before me, the undersigned authority, a re named individual, known to me to be the	
		Signature of Notary Public			
	Seal	My Commission Expires			

PART III TRUSTEE INFORMATION is on the reverse side of this form.

PART III TRUSTEE INFORMATION (To be completed by Trustee receiving the rollover)

Member Name:			Last	Social	Security No.:			
	FIRST				Account Number:			
Contact Person: _					Phone No.: ()		
Address:Street Address or P. O. Box City State Zip								
	Street Address or P	. O. Box		City	State	Zip		
 Plan accepts non-taxable funds. Plan does not accept non-taxable funds. 								
Type of account into which money will be rolled over:								
	Retirement Plan al Retirement Accour		 403(a) Annuity Contracts 408(b) Individual Retirement Annuity 			 403(b) Tax Sheltered Annuity Governmental Deferred Compensation Compensation Plans (IRC 457) 		
An Education IRA is not an eligible plan.								
Signature of Trust	ee Official				Date:			

Please submit the completed form to the RSA at the address on the front of this form.