



# RSA-1 Financial Hardship Distribution Request

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



Your SSN \_\_\_\_\_

## Your Information

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female PID (optional) \_\_\_\_\_

Employer \_\_\_\_\_  
Name Address

## Distribution Information

*Financial hardship distributions are **not** eligible for rollover into another eligible plan.*

Full adherence by all parties to the Internal Revenue Code and Regulations governing Section 457 deferred compensation plans is required for the plan to remain eligible. If the plan is not operated in compliance with the Internal Revenue Code and Regulations, the tax benefits of the plan can be denied to all participants in the plan. For this reason, the participant should carefully read the explanation of the Federal Income Tax Regulations (on page 2 of this form) when requesting a distribution due to unforeseeable emergencies. Please use the PARTICIPANT FEDERAL TAX WITHHOLDING form to indicate the percentage of federal tax you want to be withheld from the financial hardship distribution.

**Under the penalties of perjury**, I make **ALL** of the following certifications regarding this distribution request:

- I have read the explanation on the reverse side of this form;
- I am requesting this distribution because I am faced with an unforeseeable emergency beyond my control;
- I have described in full the nature of my emergency on the reverse side of this form and **attached the required supporting documentation**;
- I realize that Internal Revenue Code Regulations state that the amount withdrawn cannot exceed the amount necessary to satisfy the emergency need;
- I realize that I must stop deferrals for a six month period due to this emergency withdrawal, and I have completed an AUTHORIZATION TO DEFER COMPENSATION form stopping my deferrals for this six month period and have filed that form with my payroll officer; a **copy** of this form must be submitted with this request and returned to RSA-1;
- I have exhausted all other sources of funds and liquidated all available assets to satisfy this emergency need;
- This emergency is not covered by insurance; and
- Based on all available information, I, the undersigned, make application for a hardship distribution of my deferred compensation funds in the amount of  
 \$ \_\_\_\_\_ from my \_\_\_\_\_ account.

## Signature Certification

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

### Sign Here

*Please have your signature acknowledged before a Notary Public.*

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_





# RSA-1 Participant Federal Tax Withholding

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## Participant SSN \_\_\_\_\_

Type of Account:  PEIRAF  RSA-1

### Participant Information

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ PID (optional) \_\_\_\_\_

### Withholding Percentage

*Percentages must be in whole numbers.*

*Personal income tax questions should be directed to your tax advisor, accountant, or Internal Revenue Service Center.*

#### Check one:

Please withhold the following percentage from my PEIRAF or RSA-1 distribution check:

\_\_\_\_\_ %

I want to have federal withholding tax calculated using my marital status and the number of exemptions claimed.

**You must complete both lines A and B.**

A. Marital Status  Single  Married  Married, but withhold at a higher Single rate

B. Total Exemptions Claimed: \_\_\_\_\_ (if blank, we will assume zero (0))

### Signature Certification

Please see Tax Withholding Information below.

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

### Distributions are subject to the Internal Revenue Service tax withholding rules applicable to qualified plans:

#### FOR PARTIAL OR FULL LUMP SUM DISTRIBUTIONS THAT ARE ROLLOVER ELIGIBLE

For lump-sum distributions and partial lump-sum distributions that are eligible for rollover distribution, federal law requires a minimum of 20% tax withholding. For partial or full lump sum distributions that are not rollover eligible, the participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

#### FOR PERIODIC DISTRIBUTIONS WHICH ARE LESS THAN TEN YEARS IN DURATION AND ARE ROLLOVER ELIGIBLE

Federal law requires a minimum of 20% tax withholding. For periodic distributions which are less than ten years in duration and are not rollover eligible, the participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

#### FOR PERIODIC DISTRIBUTIONS WHICH ARE TEN YEARS OR MORE IN DURATION

The participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, the distribution will subject to tax withholding calculated under federal tax law as married with three exemptions.

#### FOR FINANCIAL HARDSHIP DISTRIBUTIONS

The participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

#### FOR SMALL BALANCE DISTRIBUTIONS

The participant may select the amount of federal tax they wish to have withheld; however, if the participant does not choose a withholding amount by completing this form, 10% of the distribution will be withheld for federal taxes.

#### FOR PAYMENTS TO NON-RESIDENT ALIENS

Federal law requires a minimum of 30% tax withholding.