

Income Tax Forms and Instructions

Walker County Commission cannot give legal or financial advice. Below are some websites that may be of assistance. If you need assistance contact a financial advisor or accountant.

www.irs.gov

<https://www.revenue.alabama.gov/individual-corporate/individual-income-estimated-taxes/>

<https://www.irs.gov/individuals/tax-withholding-estimator>

<https://smartasset.com/taxes/alabama-tax-calculator>

<https://www.youtube.com/watch?v=X5qPHKTDH0g> (Alabama A-4)

Included in packet:

Form A4---Alabama withholdings

Form W-4—Federal withholdings

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2023****Step 1:****Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.(c) ☐ **Single or Married filing separately**☐ **Married filing jointly or Qualifying surviving spouse**☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.**Step 2:****Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐**TIP:** If you have self-employment income, see page 2.**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)**Step 3:****Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4
(optional):****Other
Adjustments**(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period****4(c)** \$**Step 5:****Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____	EMPLOYEE SOCIAL SECURITY NUMBER _____
STREET ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. _____ \$
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME Walker County Commission	Jasper	EMPLOYER IDENTIFICATION NUMBER (EIN) 63-6001721
ADDRESS 1801 3rd Ave South Ste 113	CITY Jasper	STATE AL ZIP CODE 35501

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

Taxable Wages

	Federal W/H Taxable	FICA Taxable (SS & Medicare)	State W/H Taxable
ERS Retirement	YES	YES	YES
RSA-1 (457 Retirement Plan)	NO	YES	NO
Nationwide Retirement	NO	YES	NO
Cafeteria Plan (Section 125)	NO	NO	NO
Expense Allowance	YES	YES	YES
Clothing/Boot Expense	NO	NO	NO
Personal Usage Company Vehicle	YES	YES	YES

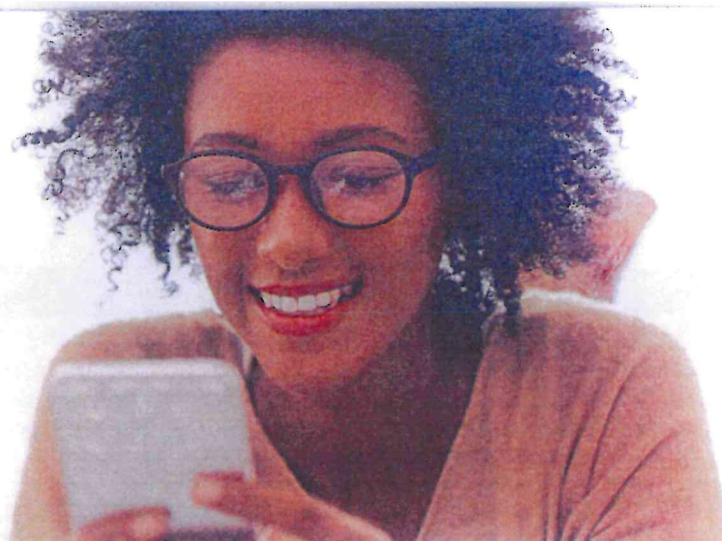
VSP

Vision Insurance

Questions on plan: see Terry McKelvey

FREQUENTLY ASKED QUESTIONS

At VSP Vision Care, we're dedicated to offering a benefit that's simple to use and worry-free. Here are answers to questions we're asked most about our services for members.



VSP MEMBER SERVICES



QUESTIONS	ANSWERS
What's the best way to communicate and promote the VSP® benefit to members?	We have a variety of member communication tools designed to increase awareness and understanding of the VSP benefit. They're easy to read and provide all the benefit information members need. Please review the enclosed Member Communications Overview, and then contact the Client Support Team at 800.216.6248 for more information or to order the tools you need.
Do members need an ID card?	An ID card, or Member Vision Card, isn't required for members to receive services or care. Members simply call a VSP network provider to schedule an appointment, and tell them that they're a VSP member. The network provider and VSP handle the rest. If a member wishes to have an ID card, they can create an account and log on at vsp.com to print one.
How do members obtain a list of VSP network providers?	<p>They should visit vsp.com or contact VSP at 800.877.7195. Clients registered for the Manage Your Plan section at vsp.com can download customized VSP network provider lists as PDF or Excel files.</p> <p>Members and dependents have instant access through vsp.com to check coverage and eligibility, find a VSP network provider, and learn more about eye care wellness.</p>
If members have questions about plan coverage, eligibility, or eye care wellness information, where should I direct them?	Members can also call VSP Member Services any time at 800.877.7195 or access our automated benefits information system to check eligibility or find a network provider. VSP Member Services is available Monday to Saturday, from 6:00 a.m. to 5:00 p.m., (Pacific Time); Closed on Sunday. Please note these new hours are effective January 1, 2022.
Can we link our intranet or website to the VSP website?	Yes. To make it easy for members to find vsp.com , add the following code to your website: <code>VSP</code> .
What is my client ID number to register for the Manage Your Plan section?	You'll receive your client ID number with your welcome call or email. Each month's bill contains your client ID number, along with the active division and class number(s). Or, contact the Client Support Team at 800.216.6248 for your client ID number.



Enrollment Form with Dependent Data

Name of group (employer): WALKER COUNTY COMMISSION

Employee last name, first name, middle initial: _____

Social Security Number: _____

Gender: ☐ male ☐ female

Date of birth (month/date/year): _____

Effective Date of Coverage: _____

Type of coverage selected:

- ☐ employee only
☐ employee and one dependent
☐ employee and children
☐ employee and family
☐ waive coverage

* Dependent Relationship: S=spouse, C=child, H=handicapped child, T=student

dependent last name	dependent first name	gender	* Dependent Relationship	date of birth mm/dd/yyyy
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	

Employee Signature: _____

Please return this form to your benefits administrator. Do not return to VSP.

RSA

RETIREMENT

BENEFICIARY

FORM



Designation of Beneficiary Prior to Retirement

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



Your SSN

This form must be signed and notarized for changes to be activated. To name contingent beneficiaries, use the back of this form. If you name contingent beneficiaries, you must sign both sides of the form. Do not use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

Type of Account: ☐ TRS ☐ ERS ☐ JRF ☐ SNU Supernumerary members only

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by the RSA.

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

Designation of Primary Beneficiary

Primary beneficiaries will receive any benefits payable upon the member's death.

If you have more than four primary beneficiaries, please contact the RSA.

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female
Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female

☐ Check if contingent beneficiary information is continued on the back of this form.

Signature Certification

Sign Here →

Please have your signature acknowledged before a Notary Public.

Your Signature _____ Date _____
State of _____, County of _____

On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public _____

Seal

My Commission Expires _____

Designation of Beneficiary Prior to Retirement



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

Name _____ SSN _____

Designation of Contingent Beneficiary

*Contingent beneficiaries
will receive benefits only
if all primary beneficiaries
are deceased at the time of
the member's death.*

List any Contingent Beneficiaries below.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Social Security Number _____ Sex ☐ Male ☐ Female

Sign Here → Your Signature _____ Date _____

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



RSA-1 Enrollment Packet

Join RSA-1 and accelerate the growth of your retirement benefits!

RSA-1 is an eligible deferred compensation plan as defined by Section 457 of the Internal Revenue Code of the United States. The plan is authorized by § 36-27A-1, et. seq., *Code of Alabama 1975*. Under this deferred compensation plan, a public employee may elect to defer receipt of a portion of his or her salary until a later determined date, usually at retirement or termination of service. The deferred income is paid into the RSA-1 Deferred Compensation Plan and invested for the participant's benefit. Investment earnings are accumulated in the fund and are not subject to federal or state of Alabama income taxation until distributed to the employee. Deferred income and the investment earnings are held in the participant's account for the exclusive benefit of the plan participants and their beneficiaries.



START TODAY

This document includes the following forms:

- » **RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT**
- » **RSA-1 AND PEIRAF BENEFICIARY DESIGNATION**
- » **RSA-1 INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS**
- » **RSA-1 AUTHORIZATION TO DEFER COMPENSATION** (submit to your payroll officer)

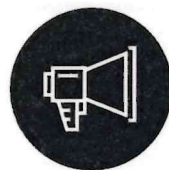


CONTACT US

Please contact RSA-1 at 877.517.0020 if you have any questions.

Questions?

- » Visit RSA's website at www.rsa-al.gov
- » Email RSA-1 through the RSA website; click on the "Contact" link at the top of the page
- » Call RSA-1 at 877.517.0020



IMPORTANT INFORMATION

- » The RSA-1 ENROLLMENT PACKET must be submitted to RSA-1 with the first three forms completed.



FORM INSTRUCTIONS

1. Complete the first three forms of the **RSA-1 ENROLLMENT PACKET**.
2. Submit the three completed forms to RSA-1 to establish an account. Deferrals should not be submitted until RSA-1 has received the RSA-1 DEFERRED COMPENSATION PLAN ENROLLMENT form.
3. Send the three forms of the **RSA-1 ENROLLMENT PACKET** to:
The RSA-1 Deferred Compensation Plan
P.O. Box 302150
Montgomery, AL 36130-2150
4. Once an account is established, you initiate salary deferrals by completing the RSA-1 AUTHORIZATION TO DEFER COMPENSATION form with your payroll officer. You can only defer contributions to RSA-1 through payroll deductions. **Do not submit the RSA-1 AUTHORIZATION TO DEFER COMPENSATION form to RSA-1 or the RSA.** Contributions received by RSA-1 without executed enrollment forms will be refunded.

FREQUENTLY ASKED QUESTIONS

Q. Are my investment earnings taxed?

- A. You do not pay income taxes on your investment earnings until they are withdrawn from RSA-1.

Q. Are there any limits on what I can contribute to RSA-1?

- A. There is no minimum amount you may defer. If you are making deferrals to another 457 plan, an annual contribution maximum applies to all 457 plans. If you are contributing to a 403(b) or a 401(k), the limits to those plans will not be affected by deferrals to RSA-1.

Q. When can I withdraw my funds from RSA-1?

- A. RSA-1 funds are available only after you have either retired or terminated employment.

Q. When I withdraw my funds, how are they taxed?

- A. Distributions are subject to the withholding rules applicable to qualified plans. Deferred income and investment earnings distributed from RSA-1 will be taxed to the employee or beneficiary as ordinary income in the year of distribution and are reported on a FORM 1099-R in the year of distribution.

Q. Does RSA-1 accept rollovers or transfers?

- A. RSA-1 accepts rollovers from state of Alabama or other eligible employer DROP, PLOP, or ERIP accounts once you have terminated employment. RSA-1 accepts trustee-to-trustee transfers from other 457 plans held by the participant. Funds transferred from other 457 accounts must never have been from any source other than 457(b).

Q. Can I roll over my RSA-1 funds to another plan?

- A. Once you are eligible for distributions, you may roll over your RSA-1 funds to a Section 401(k), 403(b), 457 plan, Roth IRA, or a Traditional IRA. If still in service, you may transfer your RSA-1 funds to state of Alabama eligible 457 plans.

Q. Can I catch-up contributions for years I did not participate?

- A. If you did not defer the maximum deferral amount in the years beginning with 1986 and were eligible to participate, you may "catch-up" unused eligible amounts, not exceeding the catch-up maximum, for one to three years if you are within three years of normal retirement age.

Q. May I defer my sick and annual leave?

- A. If you are eligible to receive payment for sick and annual leave at termination of employment, you may defer up to the maximum limit in the year you terminate employment.

Q. Can I use my RSA-1 funds to purchase service credit with the ERS or TRS?

- A. RSA-1 funds can be used to purchase permissive service credit with a governmental defined benefit plan such as ERS or TRS.

Q. Can I view my earnings online?

- A. Yes, visit our website for monthly and historical returns or contact RSA-1.



RSA-1 Deferred Compensation Plan

P.O. Box 302150
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020
www.rsa-al.gov

Enrollment Forms

- RSA-1 Enrollment (Submit to RSA-1)
- Beneficiary Designation (Submit to RSA-1) – Can also be used for change of beneficiary.
- Investment Option Election For New Accounts (Submit to RSA-1)
- Authorization to Defer Compensation (Submit to your payroll office)



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

**Employer
Information**

Employer _____
Agency Name
Address _____
Street or P.O. Box City State ZIP Code
Telephone Number _____ Email Address _____
My current status is:
☐ Employees' Retirement System (ERS) member ☐ Judicial Retirement Fund (JRF) member
☐ Teachers' Retirement System (TRS) member ☐ I am not a member of ERS, TRS, or JRF

**Signature
Certification**

Please read carefully as the following statements will apply to your RSA-1 account:

I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).

I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).

I will complete an AUTHORIZATION TO DEFER COMPENSATION form and deliver it to **my payroll officer** to begin deferrals. **It takes at least two weeks** to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION FORMS.

I understand that I may not withdraw this account unless I meet one of the following conditions:

1. Separation from service through retirement or termination from employment
2. The attainment of age 70 ½
3. Unforeseeable emergency (must be approved by Plan Administrator)
4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here → Your Signature _____ Date _____



Your SSN

Type of Account: ☐ PEIRAF ☐ RSA-1

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by RSA.

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

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 _____
Address _____
Street or P.O. Box City State ZIP Code
SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
SSN _____ Telephone _____ Sex ☐ Male ☐ Female

☐ Check if contingent beneficiary information is continued on the back of this form.

Signature Certification

Your Signature _____ Date _____

Sign Here

Please have your signature acknowledged before a Notary Public.

State of _____, County of _____ Seal
On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public _____

My Commission Expires _____



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

Name _____ SSN _____

**Designation
of Contingent
Beneficiary(ies)**

In the event the primary beneficiary(ies) designated above 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 _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Sign Here → Your Signature _____ Date _____

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



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 _____ PID (optional) _____

**RSA-1
Accounts Only**

I elect the following investment option for future deferrals. You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _____ % of **new deferrals** in the RSA-1 **FIXED INCOME** investment option.

Invest _____ % of **new deferrals** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **new deferrals** in the RSA-1 **SHORT-TERM** investment option.

**DROP, PLOP,
ERIP, TSP
Rollover
Accounts Only**

I elect the following investment option for:
Check one: ☐ **DROP** ☐ **PLOP** ☐ **ERIP** ☐ **TSP**

You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _____ % of **funds** in the RSA-1 **FIXED INCOME** investment option.

Invest _____ % of **funds** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **funds** in the RSA-1 **SHORT-TERM** investment option.

RSA-1 FIXED INCOME investment option: The fixed income portfolio is invested in various debt instruments with maturities greater than one year, such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

RSA-1 EQUITY investment option: The equity portfolio is invested in a S&P 500 Index Fund.

RSA-1 SHORT-TERM investment option: The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. Government agency notes with a maturity of one year or less.

Please note that Fixed Income, Equity, and Short-Term Investment Options are all subject to market fluctuations.

**Signature
Certification**

I understand the following regarding this investment option election:

My election must be made prior to the funds being submitted or transferred.

My election can be made **once every 90 days**.

My election will remain in effect until a subsequent election is made, but it must remain in effect for **90 days**.

Sign Here → Your Signature _____ Date _____



RSA-1 Authorization to Defer Compensation

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



Your SSN _____

Use this form to begin, restart, increase/decrease, or stop deferral amounts.

Your Information

Complete and submit to your Payroll Officer to begin deferrals.

Do not submit this form to RSA-1 or the Retirement Systems of Alabama.

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

Deferral Information

Specify one of the following:

- ☐ New Enrollment ☐ Restart ☐ Sick/Annual Leave
☐ Increase Deferrals ☐ Decrease Deferrals ☐ Stop Deferrals

If enrolling in RSA-1, please make certain that your RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION forms have been submitted to the RSA-1 Deferred Compensation Plan before submitting this form to your Payroll Officer. Note the following exception: If stopping deferrals due to financial hardship, your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Distribution Request.

1. Please defer \$ _____ per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. If stopping deferrals, enter zero (0) for the dollar amount.

2. Effective date* _____ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.

3. If you are deferring payments for **Sick or Annual Leave** (must be enrolled), please indicate the amounts below:

Please defer \$ _____ of my payment for unused Sick Leave to RSA-1.

Please defer \$ _____ of my payment for unused Annual Leave to RSA-1.

Signature of Employee

Sign Here

Your Signature _____ Date _____

Payroll Officer Information

Only if submitting a Financial Hardship Distribution Request or a Distribution Request.

Payroll Officer Signature _____ Date _____

Name and Title _____
Please Print

Payroll Officer Telephone _____ Email Address _____

Date Deferrals Stopped _____

***Please submit all required enrollment forms to RSA-1. Contributions received by RSA-1 without executed enrollment forms will be refunded.**



RSA-1 Deferred Compensation Plan Enrollment

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

Employer Information

Employer _____
Agency Name
Address _____
Street or P.O. Box City State ZIP Code
Telephone Number _____ Email Address _____

My current status is:

- ☐ Employees' Retirement System (ERS) member ☐ Judicial Retirement Fund (JRF) member
☐ Teachers' Retirement System (TRS) member ☐ I am not a member of ERS, TRS, or JRF

Signature Certification

Please read carefully as the following statements will apply to your RSA-1 account:

I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).

I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).

I will complete an AUTHORIZATION TO DEFER COMPENSATION form and deliver it to my payroll officer to begin deferrals. It takes at least two weeks to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION FORMS.

I understand that I may not withdraw this account unless I meet one of the following conditions:

1. Separation from service through retirement or termination from employment
2. The attainment of age 72
3. Unforeseeable emergency (must be approved by Plan Administrator)
4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here → Your Signature _____ Date _____



RSA-1 Investment Option Election for New Accounts

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



Your SSN

Check all that apply: ☐ RSA-1 ☐ DROP ☐ PLOP ☐ ERIIP

Your 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) _____

RSA-1 Accounts Only

I elect the following investment option for future deferrals. You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _____ % of new deferrals in the RSA-1 **BOND** investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

Invest _____ % of new deferrals in the RSA-1 **STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _____ % of new deferrals in the RSA-1 **SHORT-TERM** investment option. The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. government agency notes with a maturity of one year or less.

DROP/PLOP/ERIP Rollover Accounts Only

I elect the following investment option for:

Check one: ☐ DROP ☐ PLOP ☐ ERIIP

You can elect to have 100% in the bond, stock, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _____ % of funds in the RSA-1 **BOND** investment option. The bond portfolio is invested in various debt instruments with maturities greater than one year such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

Invest _____ % of funds in the RSA-1 **STOCK** investment option. The stock portfolio is invested in an S&P 500 Index Fund.

Invest _____ % of funds in the RSA-1 **SHORT-TERM** investment option. The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. government agency notes with a maturity of one year or less.

Signature Certification

I understand the following regarding this investment option election:

My election must be made prior to the funds being submitted or transferred. My election can be made once every 90 days. My election will remain in effect until a subsequent election is made, but it must remain in effect for 90 days.

Sign Here → Your Signature _____ Date _____

Authorization for Direct Deposit-Employee Form

This authorizes the Walker County Commission (the "county") to send credit entries and appropriate debit and adjustment entries, electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future. This authorizes the financial institution holding the Account to post all such entries.

Account Type (check only one) ☐ Checking ☐ Savings

Employee's Bank Name _____

Bank Routing Number (ABA) _____ Account Number _____

ATTACH A VOIDED CHECK FOR ACCOUNT HERE

This authorization will be in effect until the County receives a written termination request and/or change of account information. This must be received by Payroll within two weeks of the upcoming pay date.

Signature _____ Date _____

Printed Name _____ Department _____

Date Received (PR) _____ Processed by _____

This document must be signed by employee requesting automatic deposit of paychecks and retained on file by the employer as a permanent record.

Walker County Commission

Benefit Sign Up Summary-Date of Hire

_____Enroll _____Decline Southland Dental Insurance
(*Open enrollment)

_____Enroll _____Decline Southland Vision Insurance
(*Open enrollment)

_____Enroll _____Decline Blue Cross Blue Shield Dental
(* No open enrollment)

_____Enroll _____Decline VSP- Vision Insurance

(*open enrollment)

_____Enroll _____Decline RSA-1
(Can enroll at anytime)

PRINT NAME _____

SIGNATURE _____

DATE _____

***OPEN ENROLLMENT IN THE MONTH OF NOVEMBER EACH YEAR**