

## RIC 457/401a Plans Transfer Between RIC Providers

Important Notice	<ul> <li>To ensure future payroll deductions are sent to the receiving provider shown below, be sure to:</li> <li>State of Iowa employees: Update your payroll deduction election in Workday.</li> <li>Non-State public employees: Complete and submit your plan's RIC Account Form.</li> </ul>						
Personal Information	Last name	First name	M.I.	Social Security #			
Transfer Request	Transfer:       All accounts       Single Account #         From:       Name of Current RIC Provider						
	To existing account with: Name of Receiving RIC Provi	ider					
Receiving RIC Provider Form Requirement	I have obtained and completed the provider-specific incoming transfer form(s) required by the receiving RIC Provider. I understand that failure to do so, prior to funds being received by the provider, may result in processing delays. Please contact the receiving RIC provider if assistance is needed to obtain or complete this requirement.						

## Authorization

I authorize my employer to process this request. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Documents. I have established 457 and 401a accounts with the receiving RIC provider. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X Participant Signature				Date				
Advisor Use:	The employee has establi	shed 457/401a accounts with						
Receiving Provider Name								
			>	K				
Print Agent Name		Agent Phone Number	A	gent Signature	Date			
Form Submission	Email: ric@iowa.gov	<u>Fax:</u> 515-281-5102	2   <u>Mail</u>	: DAS-HRE • Attn: RIC • 1305 E Wa	alnut • Des Moines, IA 50319			

	Make check payable to:	Name of Receiving Custodian FBO: Participant Name	Plan #:	
Office Use Only	Mail to:			
	RIC administrator signature:			Date:

