



Iowa  
**Retirement Investors' Club (RIC)**  
*Look forward to retirement!*

**Clear Lake Sanitary District**  
**RIC Account Form**



<b>Personal Information</b>	Name _____ Social Security # _____
	Address _____ City _____ State _____ Zip _____
	Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

<b>457 Payroll Deduction</b>	<p><b>Designate the deduction amount to send to your provider.</b> <i>The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.</i></p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Pretax</u></td> <td style="text-align: center;"><u>Roth (post-tax)</u></td> <td></td> </tr> <tr> <td><b>Empower*</b></td> <td>\$ _____ /check</td> <td>\$ _____ /check</td> <td></td> </tr> </table>		<u>Pretax</u>	<u>Roth (post-tax)</u>		<b>Empower*</b>	\$ _____ /check	\$ _____ /check		<p><b>Effective date.</b> <i>Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.</i></p> <p><b>Future effective date</b> (if desired)</p> <p><input type="checkbox"/> Begin as of _____ (check date)</p> <p><input type="checkbox"/> 1 check only _____ (check date)</p> <p><input type="checkbox"/> Final check _____ (check date)</p>
		<u>Pretax</u>	<u>Roth (post-tax)</u>							
<b>Empower*</b>	\$ _____ /check	\$ _____ /check								

<b>Participant Signature</b>	<p>I authorize my employer to direct my contributions and make payroll deductions as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a RIC At-A-Glance and Plan Document. I have established 457 and 401a accounts with one of the RIC providers. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution. I understand that the total of all 457 contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 457b.</p> <p><b>X</b> _____</p> <p style="text-align: center;">Participant Signature <span style="float: right;">Date</span></p>
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<b>Form Submission</b>	<p><b>New Accounts:</b> _____</p> <p><b>Changes to Existing Accounts:</b> _____</p>	<p><b>Provider account forms:</b> Forward to the provider</p> <p><b>RIC Account form:</b> Forward to your payroll office</p> <p>Forward this form to your payroll office (shown below)</p>
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**Agent Use Only** (Not required for existing accounts or online provider enrollment, if available)

I am authorized to open accounts for this employee and verify that he/she has established 457/401a accounts with the provider shown below.

Print Agent Name	Agent Signature	Agent Phone Number	Provider Name	Date
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<b>Payroll Office</b>	Date Received: _____	Paycheck Effective Date: _____	Name: _____
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<b>RIC Use Only</b>	Date Pended: _____	Entered: _____	Checked: _____
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Visit the RIC website at <https://das.iowa.gov/RIC> to access the RIC At-A-Glance (under *Providers & Investments*), IRS maximum contribution limits, and other plan options specific to the Iowa RIC 457/401a plans.

\* Empower – formerly MassMutual Retirement

