



**Iowa Retirement Investors' Club
(RIC) 457/401a Plans**

Look forward to retirement!

**State of Iowa
RIC Account Form**

Personal Information

Name _____ Social Security # _____
Last First MI Existing accounts need last 4 digits only
Address _____ City _____ State _____ Zip _____
Birth Date _____ Phone (work) _____ Phone (home) _____ Phone (cell) _____

Account Status

New account (Must open 457/401 accounts with RIC provider) **Change to existing account** (This form replaces last completed deduction request)

457 Payroll Deduction Election

The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see https://das.iowa.gov//457/IRS_limits).

Provider	Corebridge Financial (Formerly AIG)	Empower	Horace Mann	Voya
Per paycheck amount & taxation	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____
	Pretax % _____	Pretax % _____	Pretax % _____	Pretax % _____
	Roth \$ _____	Roth \$ _____	Roth \$ _____	Roth \$ _____
	Roth % _____	Roth % _____	Roth % _____	Roth % _____
	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions

Frequency
 2 X /month (24 annually)
 All checks (26 annually)
 Monthly – choose 1st check or 2nd check

Effective date: Changes are effective for the next available paycheck unless a future effective date is indicated.

Begin as of _____
Future effective date (if desired) 1 check only _____
 Final check _____

Provider Transfers

For transfers between providers, complete and submit the [Transfers Between RIC Providers Form](#).

Participant Signature

I authorize my employer to process these requests. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X _____
Participant Signature Date

Form Submission

Email: ric@iowa.gov | **Fax:** 515-281-5102 | **Mail:** DAS-HRE, Attn: RIC ■ 1305 E Walnut ■ Des Moines, IA 50319

Agent Use Only (Not required, but preferred) I am authorized to open RIC accounts for this employee. I verify 457/401a accounts have been established.

Print Agent Name _____ Agent Signature _____ Agent Phone Number _____ Date _____



Visit the RIC website at <https://das.iowa.gov/RIC/SOI> for full program details; select *Enrollment* from the left menu to access the *RIC At-A-Glance* and plan options available for State of Iowa employees.

Payroll Office

Date Received: _____
Paycheck Effective Date: _____
Name: _____

RIC Use Only

Date Pended: _____
Entered: _____
Checked: _____