

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

Look *forward* to retirement!

Adel DeSoto Minburn CSD RIC Account Form

Personal Information	NameSocial Security #							
	Last Address	First	MI City		_	Existing accounts need last 4 digits only State Zip		
		Dhana (, ,)		,				
	Birth Date	n Date Phone (work)		Phone (home)		Phone (cell)		
Account Status	☐ New accoun	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/RIC/PSE/contributions).							
	Provider	Corebridge Financial (Formerly AIG)	Empower		Horace Mann		Voya	
	Per paycheck amount & taxation	Pretax \$	Pretax \$		Pretax \$		Pretax \$	_
		Roth \$	Roth \$		Roth \$		Roth \$	
		☐ Stop deductions	☐ Stop deductions		☐ Stop deduction	ons	☐ Stop deductions	
	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)							
	☐ Final check							
Provider Transfers	For transfers between providers, complete and submit the <u>Transfers Between RIC Providers Form.</u>							
Participant Signature	I authorize my employer to process these requests. I have access and agree to the terms and conditions of the lowa 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.							
Form	Participant Signature Date							_
Submission	RIC Account Form: Forward to your payroll office (shown below) Provider account forms: Forward to the provider							
Agent Use On	ly (Not required,	but preferred) I am authorized to op	pen RIC accounts fo	or this employ	ee. I verify 457/401a	accounts have	e been established.	
Print Agent Name		Agent Signature			Agent Phone N	lumber	Date	
Visit t plan o	he RIC website at	t <u>https://das.iowa.gov/RIC/PSE</u> for for your employer's 457/401a plans.	full program detail:	s; select <i>Your F</i>	Plan Details from the	e left menu to a	access the RIC At-A-Glance and	_
Payroll Office Date Received:			RIC Use Only					
			Date Pended: Entered:					
Name:					Checked:			