

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

Look *forward* to retirement!

Greater Regional Medical Center RIC Account Form

Personal Information							
	Name			Social Security # MI Existing accounts need last 4 digits only			
	Address C		City		State	Zip	
			hone (home)		Phone (cell)		
Account Status	☐ New accoun	New account (Must open 457/401 accounts with RIC provider)		e 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	rovider Empower		Voya			
	Per paycheck amount & taxation	Pretax \$		Pretax \$			
		Roth \$		Roth \$			
		☐ Stop deductions		☐ 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. X Participant Signature						
Form Submission		rm: Forward to your payroll office (shown below)	Prov	rider account forms:	Forward to the provider		
Agent Use On	ly (Not required, I	but preferred) I am authorized to open RIC accounts	for this emplo	oyee. I verify 457/401a	accounts have been esta	blished.	
Print Agent Name		Agent Signature		Agent Phone N	lumber	 Date	
Visit t		https://das.iowa.gov/RIC/PSE for full program deta your employer's 457/401a plans.	ils; select <i>You</i>				
Payroll Office Date Received:				RIC Use Only Date Pended:			
Paycheck Effective Date:				Entered:			
Name:				Checked:			