



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

Look forward to retirement!

# Iowa Association of Area Education Agencies 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/RIC/PSE/contributions>).

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

**RIC Account Form:** Forward to your payroll office (shown below) | **Provider account forms:** Forward to the provider

**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/PSE> for full program details; select *Your Plan Details* from the left menu to access the *RIC At-A-Glance* and plan options specific to your employer's 457/401a plans.

**Payroll Office**

Date Received: \_\_\_\_\_  
 Paycheck Effective Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

**RIC Use Only**

Date Pended: \_\_\_\_\_  
 Entered: \_\_\_\_\_  
 Checked: \_\_\_\_\_