



**Iowa Retirement Investors' Club
(RIC) 457/401a Plans**
Look *forward* to retirement!

Iowa Northland Regional Council of Governments RIC Account Form

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

Account Status	<input type="checkbox"/> New account (Must open 457/401 accounts with RIC provider)	<input type="checkbox"/> Change to existing account (This form replaces last completed deduction request)
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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 \$ _____ <input type="checkbox"/> Stop deductions	Pretax \$ _____ <input type="checkbox"/> Stop deductions	Pretax \$ _____ <input type="checkbox"/> Stop deductions	Pretax \$ _____ <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 .
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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
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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
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 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	RIC Use Only
Date Received: _____	Date Pended: _____
Paycheck Effective Date: _____	Entered: _____
Name: _____	Checked: _____