



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

Look forward to retirement!

Madison County Health Care System 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	Voya
Per paycheck amount & taxation	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____
	Roth \$ _____	Roth \$ _____	Roth \$ _____
	<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: _____

Madison County Health Care System

300 W Hutchings ▪ Winterset, IA 50273 ▪ (515) 462-2373 x230 ▪ Fax (515) 462-9060
 Iowa Retirement Investors' Club (RIC) ▪ 866-460-4692 (toll free) ▪ <https://das.iowa.gov/RIC>