

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

Look *forward* to retirement!

## Shelby County RIC Account Form

Personal Information	Name Social Security #						
	Name			SOCIAI		Existing accounts need last 4 digits only	
	Address	.ddress		City	State	StateZip	
	Birth Date Phone (work)		Ph	none (home)	Phone (cell)	Phone (cell)	
Account Status	☐ <b>New account</b> (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 <a href="https://das.iowa.gov/RIC/PSE/contributions">https://das.iowa.gov/RIC/PSE/contributions</a> ).						
	Provider	Corebridge Financial (Formerly AIG)		Empower	\	Voya	
	Per paycheck amount & taxation	Pretax \$	Pretax \$	5	Pretax \$		
		Roth \$	Roth \$	<u> </u>	Roth \$		
		☐ Stop deductions	☐ 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) ☐ 1 check only						
							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.						
	Participant Signa	ature			Date		
Form Submission	RIC Account Fo	RIC Account Form: Forward to your payroll office (shown below)   Provider account forms: Forward to the provider					
Agent Use On	<b>ly</b> (Not required,	but preferred) I am authorized to open R	IC accounts fo	or this employee. I verify	457/401a accounts have been e	stablished.	
Print Agent Name		Agent Signature		Age	ent Phone Number	Date	
		nt https://das.iowa.gov/RIC/PSE for full proop oyour employer's 457/401a plans.	ogram details	s; select <i>Your Plan Details</i>	from the left menu to access th	e <i>RIC At-A-Glance</i> and	
Payroll Office				RIC Use Only			
Date Received:				Date Pended:			
Paycheck Effective Date:				Entered:			
Name:				Checked:			