

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

Look *forward* to retirement!

## Waukee CSD RIC Account Form

Personal Information	Name Social Security #							
	Last First			MI		Existing accounts need last 4 digits only		
	Address			City		StateZip		
	Birth Date	ch Date Phone (work)		Phone (home)		Phone (cell)		
Account Status	☐ New accoun	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 <a href="https://das.iowa.gov/RIC/PSE/contributions">https://das.iowa.gov/RIC/PSE/contributions</a> ).							
	Provider	Corebridge Financial (Formerly AIG)	Empo	wer	Horace Mann	Voya		
	Per paycheck amount & taxation	Pretax \$	Pretax \$		Pretax \$	Pretax \$		
		Roth \$	Roth \$		Roth \$	Roth \$		
		☐ Stop deductions	☐ 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)							
		☐ Final ch	neck					
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	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 op	oen RIC accounts fo	or this employe	ee. I verify 457/401a account	s have been established.		
Print Agent Name		Agent Signature			Agent Phone Number	Date		
		t <u>https://das.iowa.gov/RIC/PSE</u> for f o your employer's 457/401a plans.	ull program details	s; select <i>Your P</i>	lan Details from the left mer	u to access the RIC At-A-Glance a	and	
Payroll Office					RIC Use Only			
Date Received:				Date Pended:				
Paycheck Effective Date:				Entered:				
Name:					Checked:			