

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

Look *forward* to retirement!

Xenia Rural Water District RIC Account Form

Personal Information	Name Social Security #						
	Last First					ting accounts need last 4 digits only	
	Address			City		StateZip	
	Birth Date	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	
	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) ☐ 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. X						
Form	Participant Signature Date						
Submission	RIC Account Form: Forward to your payroll office (shown below) Provider account forms: Forward to the provider						
Agent Use On	ly (Not required,	but preferred) I am authorized to op	pen RIC accounts f	or this employ	ree. I verify 457/401a accounts	have been established.	
Print Agent Name Agent Signature				Agent Phone Number Date			
Visit t	he RIC website at	t <u>https://das.iowa.gov/RIC/PSE</u> for f o your employer's 457/401a plans.	full program detail	s; select <i>Your i</i>	Plan Details from the left menu	to access the <i>RIC At-A-Glance</i> and	
Payroll Office				RIC Use Only			
Date Received:				Date Pended:			
Paycheck Effective Date:				Entered:			
Name:				Checked:			