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

Hawkeye Community College
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 $_____ Roth　$_____ ☐ Stop deductions	Pretax $_____ Roth　$_____ ☐ Stop deductions	Pretax $_____ Roth　$_____ ☐ Stop deductions

Effective date: Changes are effective for the next available paycheck unless a future effective date is indicated.

Future effective date (if desired)
　☐ Begin as of _____
　☐ 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	**RIC Use Only**
Date Received: _____	Date Pended: _____
Paycheck Effective Date:_____	Entered: _____
Name: _____	Checked: _____