



Personal Information	Name _____ Social Security # _____ <small>Last First MI Existing accounts need last 4 digits only</small>
	Address _____ City _____ State _____ Zip _____
	Birth Date _____ Phone (work) _____ Phone (home) _____ Phone (cell) _____

Account Status	<input type="checkbox"/> New account (Must open 457/401 accounts with RIC provider)	<input type="checkbox"/> Change to existing account (This form replaces last completed deduction request)
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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	Voya
Per paycheck amount & taxation	Pretax \$ _____
	Roth \$ _____
	<input type="checkbox"/> 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 _____

New Hires

Opt-Out of Auto Enrollment

Your employer has chosen to auto-enroll all new hires at \$50 per paycheck into the Default Investment Option for participants who have not provided investment or contribution direction.

If you fail to opt-out of this enrollment election your employer will direct the investment of all contributions into the appropriate **American Funds Target Date Retirement Fund – Class R6** based on your age. Contributions will begin on the payroll period following the 30th day after your start date.

No later than 90 days after pay is first reduced by Default Elective Deferrals, you may request to stop the deferrals. You may also request a distribution of your Default Elective Deferrals.

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 *Employer Plan Details* 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: _____