

Personal Information	Name		Social Security #				
	Last		First MI		Existing accounts ne	Existing accounts need last 4 digits only	
	Address			City	State	Zip	
	Birth Date	Phone (work)	F	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 red						
457 Payroll Deduction Election		amount of all 457 pretax ar s.iowa.gov/RIC/PSE/contrib		tax year is limited to th	e IRS annually declared maximum	contribution limits	
	Provider	Empower					
	Per	Pretax \$					
	paycheck amount &	Roth \$					
	taxation	Stop deductions					
	Effective date: Changes are effective for the next available paycheck unless a future effective date is indicated.						
			Begin as of				
	Future effe	ctive date (if desired)	1 check only				
			Final check				
Participant Signature	as disclosed in made in the cal	the Plan Document. I have	established 457 and 401a d the federal limits as req	accounts with a RIC pro uired by the Internal Re	nd conditions of the Iowa Retireme ovider. I understand that the total o evenue Code section 457. I underst bution.	of all 457 contributions	
	X						
	Participant Signa	ture			Date		
Form Submission	RIC Account Fo	rm: Forward to your pay	roll office (shown below)	Provider acco	unt forms: Forward to the provid	ler	

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 <u>https://das.iowa.gov/RIC/PSE</u> 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 Date Received:	RIC Use Only Date Pended:
Paycheck Effective Date:	Entered:
Name:	Checked: