

Personal Information	Name		Social Security #			
	Last	First	МІ	Existing accounts ne	eed 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 replaces					
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	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 effec	tive date (if desired)	only			
		🗌 Final che	ck			
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 Signat	ure		Date		
Form Submission	RIC Account Fo	rm: Forward to your payroll office	(shown below)   Provider accou	<b>Int forms:</b> 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: