



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

Look forward to retirement!

**Lucas County Health Center  
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                                  | Empower                                  |
|---|--|
| <b>Per paycheck amount &amp; taxation</b> | Pretax \$ _____                          |
|   | Roth \$ _____                            |
|   | <input type="checkbox"/> 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 \_\_\_\_\_

**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**

Date Received: \_\_\_\_\_

Paycheck Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

**RIC Use Only**

Date Pended: \_\_\_\_\_

Entered: \_\_\_\_\_

Checked: \_\_\_\_\_

**Lucas County Health Center**

1200 N 7<sup>th</sup> St ▪ Chariton, IA 50049 ▪ (641) 774-3203 ▪ Fax (641) 774-3811  
Iowa Retirement Investors' Club (RIC) ▪ 866-460-4692 (toll free) ▪ <https://das.iowa.gov/RIC>